DR. SAL ALCAIRE + ASSOCIATES

PATIENT CONSENT FORM: COLLECTION, USE AND DISCLOSURE OF PERSONAL HEALTH INFORMATION (PHIPA & PIPEDA- 2022)

Our office understands the importance of protecting your personal health information. It is our commitment to make sure all information collected, used and disclosed is done so responsibly.

In our practice, our assigned **Privacy Information Officer** is **Dr. Sal Alcaire** who will oversee all aspects of personal health information as well as other provisions under the Privacy Act of Canada. All team members and any outside contractors who may come in contact with your personal health information are aware of all restrictions, practice provisions and protections. Our practice has strict processes in place.

To help you understand how we are doing that, we have outlined below how our office is, collecting, using, disclosing, storage and discarding your personal health information.

THIS OFFICE WILL COLLECT, USE AND DISCLOSE INFORMATION ABOUT YOU FOR THE FOLLOWING PURPOSES:

- Only necessary information will be collected about you/and or family
- To identify and to ensure high quality service
- Assess your health needs
- Email consent i.e. treatment plans
- To assess your health needs and provide safe and efficient dental care
- To offer and provide treatment options, care and services in relationship to dental care generally
- To communicate with other treating health care providers, including other dentists, specialist, referring dentists, physicians, pharmacists and lab technicians.
- To transfer records or x-rays to dentists or specialist upon authorization
- To allow us to maintain communication and contact with you to distribute health care information and to remind and confirm appointments
- To allow us to efficiently follow-up for treatment, care and billing
- For teaching and demonstrating purposes on an anonymous basis.
- To complete and submit dental claims for third party adjudication and payment.
- To comply with legal and regulatory requirements including the delivery of patients' charts and records to the Royal College of Dental Surgeons of Ontario in a timely fashion, when required, according to the provisions of the Regulated Health Professions Act
- To comply with agreements/undertakings entered into voluntarily by the member with the Royal College of Dental Surgeons of Ontario, including the delivery and/or review of patients' charts and records to the College in a timely fashion for regulatory and monitoring purposes
- To deliver your charts and records to the dentist's insurance carrier to enable the insurance company to assess liability and quantify damages, as necessary
- To invoice for goods and services
- To process credit card payments
- To collect unpaid accounts
- To permit potential purchasers, practice brokers or advisors to evaluate the dental practice
- To allow potential purchasers, practice brokers or advisors to conduct an audit in preparation for a practice sale
- To prepare materials for the Health Professions Appeal and Review Board (HPARB)
- To assist this office to comply with all regulatory requirements
- To comply generally with the law
- All records are retained for 10 years as per the governing rules from the RCDSO, all legislative and privacy protection protocols
- All documents and records are stored safely and if discarded are done so by shredding a through a recognized disposing company that complies with legislation and privacy protocols

EMAILS, ONLINE COMMUNICATION, APPOINTMENT REMINDERS, OFFERS AND OPTING OUT:

- Any email communication is done so with your consent. When you provide us with your email address, this is giving us permission to communicate with you regarding appointments, treatment and other practice related matters
- You will always be given the opportunity to **opt out** at any time should you decide not to communicate this way
- All personal records ie x-rays etc will be transmitted to your insurance or specialty office through a secure site

SECURITY MEASURES

- We have implemented physical (locked cabinets), administrative (strict protocols and authorization), technical - cyber security (back up) safeguards, data monitoring etc

By signing the consent section of this **Patient Consent Form,** you have agreed that you have given your informed consent to the collection, use and/or disclosure of your personal health information for the purposes that are listed. If a new purpose arises for the use and/or disclosure of your personal health information, we will seek your approval in advance. Your personal health information may be accessed by regulatory authorities under the terms of the Regulated Health Professions Act (RHPA) for the purposes of the Royal College of Dental Surgeons of Ontario fulfilling its mandate under the RHPA. You may withdraw your consent for use or disclosure of your personal health information at any time.

PATIENT CONSENT

I have reviewed the above information that explains how your office will use my personal health information, and the steps your office is taking to protect my information.

I agree that **Dr. Sal Alcaire & Associates** can collect, use and disclose personal health information about

_____ as set out above in the information about the office's privacy policies.

PATIENT/GUARDIAN NAME: _____ SIGNATURE: _____

DATE: _____

Should you have any questions or concerns that you might have about your personal health information can be directed to our contact person Allen De Vera. Any requests for access or correction to your personal health information should be directed, in writing, to **Dr. Alcaire.**

If you are dissatisfied with the manner in which we have addressed your requests for access or correction to your personal health information or if you have general concerns about our privacy practices, you may contact the Office of the Privacy Commissioner of Ontario by: SURFACE MAIL Information and Privacy Commissioner/Ontario 2 Bloor Street East Suite 1400 Toronto, Ontario M4W 1A8 E-mail: info@ipc.on.ca Phone: Toronto Area (416/local 905): 416-326-3333 Long Distance: 1-800-387-0073 (within Ontario) TDD/TTY: 416-325-7539 Fax: 416-325-9195

Thank you for your support and understanding in helping our office comply with all regulatory requirements and generally with the law.