



Duncan Y. Brown Orthodontist*
Suite 290 – 10655 Southport Rd. S.W.
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Patient Consent for «PatientFirstName» «PatientLastName»

Protection of your personal information is an important part of providing you with high quality orthodontic care. All of us at the office understand the importance of protecting your personal information. We are committed to collecting, using, disclosing and disposing of your personal information responsibly. We will try to keep the process of how we handle personal information as transparent as possible.



In brief, these are the important things you need to know regarding how we handle your personal information:

- In the office, our *Privacy Information Officer* is Dr. Duncan Y. Brown. Dr. Brown will handle all your written requests for information regarding the protection of your personal information.
- All our Team Members who come into contact with your personal information are aware of the sensitive nature of the information you have disclosed to us, and have been trained in the appropriate collection, use, and disposition of your information.
- Attached to this *Patient Consent Letter*, we have outlined what our office is doing to ensure that:
 - Only necessary information is collected about you;
 - We share your personal information only with your consent;
 - Storage, retention, and destruction of your personal information complies with existing federal legislation, provincial regulatory guidelines, and privacy protection protocols;
 - Our *Privacy Policy* complies with privacy legislation, standards of the Alberta Dental Association and College (ADA&C), and the law;

How Our Office Collects, Uses and Discloses Patients' Personal Information

Our office understands the importance of protecting your personal information. To help you understand how we are doing that, we have outlined here how our office is using and disclosing your information.

Our office will collect, use and disclose information about you for the following purposes:

- to deliver safe and efficient patient care
- to identify and to ensure continuous high quality orthodontic service
- to assess your orthodontic and dental needs
- to provide orthodontic care
- to advise you of treatment options
- to enable us to contact you
- to establish and maintain communication with you
- to offer and provide treatment, care and services in relationship to orthodontic and dental care generally
- to communicate with other treating health-care providers, including specialists and general dentists who are the referring dentists and/or peripheral dentists
- to allow us to maintain communication and contact with you to distribute health-care information and to book and confirm appointments

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- 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 Alberta Dental Association and College 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 Alberta Dental Association and College, including the delivery and/or review of patients' charts and records to the College in a timely fashion for regulatory and monitoring purposes
- to permit potential purchasers, practice brokers or advisors to evaluate the orthodontic practice
- to allow potential purchasers, practice brokers or advisors to conduct an audit in preparation for a practice sale
- to deliver your charts and records to the orthodontist's insurance carrier to enable the insurance company to assess liability and quantify damages, if any
- to prepare materials for the Health Professions Appeal and Review Board (HPARB)
- to invoice for goods and services
- to process credit card payments
- to collect unpaid accounts
- to assist this office to comply with all regulatory requirements
- to comply generally with the law

By signing this consent, you are giving your informed consent to the collection, use and disclosure of your personal information for the purposes listed. If a new purpose arises for the use or disclosure of your personal information, we will seek your approval in advance.

Please be aware, that your personal information can be requested by legal authorities and/or the ADA&C for purposes of the Alberta Dental Association and will be supplied to them consistent with our obligations under the HPA (Health Professions Act).

When unusual requests for disclosure of your personal information are received, we will contact you for permission to release the information, and may advise you if that request is inappropriate. You may withdraw your consent for use or disclosure of your personal information, and we will explain to you the ramifications of that decision, and the process involved.

Patient/Parental Consent:

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

I know that your office has a *Privacy Code* and I can ask to review it at any time.

I agree that Dr. Duncan Y. Brown and/or D.Y. Brown Professional Corporation can collect, use, disclose, and dispose of personal information about «**PatientFirstName**» «**PatientLastName**» as set out in the information above about the office's privacy policies.

Signature

Printed name

Date

Signature of Witness

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