

DR. SHANE SNIDER DENTISTRY



Privacy Policy: 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 generated a brief summary below. Our office will collect, use and disclose information about you in the following scenarios:

- To deliver safe and efficient patient care
- To offer and provide treatment and/or services beneficial to the patient
- To identify and to ensure continuous high quality services
- To enable us to contact you and maintain active communication with you
- To assess your health needs, advise you of treatment options and provide health care
- To communicate with laboratories in cases where laboratory services are required
- To comply with legal and regulatory requirements, including the delivery of patients' charts and records to the Royal College of Dental Surgeons of Ontario, when required, according to the provisions of the *Regulated Health Professions Act*
- To allow us to efficiently follow-up for treatment, care and billing
- To invoice for goods and services, process credit card payments and collect unpaid accounts
- To communicate with other treating health-care providers, including physicians, specialists, pharmacists and dentists
- To allow us to maintain communication and contact with you to distribute health-care information and to book and confirm appointments
- 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 prepare materials for the Health Professions Appeal and Review Board (HPARB)
- To complete and submit dental claims for third party adjudication and payment
- To assist this office to comply with all regulatory requirements
- To comply generally with the law

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 information for the purposes that are listed. If a new purpose arises for the use and/or disclosure of your personal information, we will seek your approval in advance.

Your 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, and for the defence of a legal issue.

Our office will not under and conditions supply your insurer with your confidential medical history. In the event this kind of a request is made, we will forward the information directly to you for review, and for your specific consent.

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

Patient Consent

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

I know that your office has a Privacy Code, and I can ask to see the Code at any time.

I agree that Dr. Shane Snider and/or Dr. Steve Margolian can collect, use and disclose personal information about me, _____, as set out above in the information about the office's privacy policies.

Signature

Print Name

Date

Signature of Witness