



PATIENT CONSENT FORM: FOR COLLECTION, USE AND DISCLOSURE OF PERSONAL INFORMATION

Privacy of your personal information is an important part of our office providing you with quality dental care. We understand the importance of protecting your personal information. We are committed to collecting, using and disclosing personal information responsibly.

In this office, Dr. Kayvan Ghane acts as the Privacy Information Officer. All staff members who come in contact with your personal information are aware of the sensitive nature of the information that you have disclosed to us. They are all trained in the appropriate uses and protection of your information.

Attached to this consent form, we have outlined what our office is doing to ensure that:

- * only necessary information is collected about you;
- * we only share your information with your consent;
- * storage, retention and destruction of your personal information complies with existing legislation, and privacy protection protocols;
- * our privacy protocols comply with privacy legislation, standards of our regulatory body, the Royal College of Dental Surgeons of Ontario (RCDSO), and the law.

This 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 service
- * to assess your health needs
- * to provide health 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 the oral and maxillofacial complex 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
- * 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, the delivery of patients' charts and Records to the RCDSO 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 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 deliver your charts and records to the dentist 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)
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- * 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 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, 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 RDPA, and for the defence of legal issues.

Our office will not under any 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, and we will explain the ramifications of that decision, and the process.
Please do not hesitate to request a copy of our Privacy Code or to discuss our policies with me or any member of our office staff.

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 any information.

I agree that Dr. Kayvan Ghane & Associates can collect, use and disclose personal information about _____ as set out above in the information about the offices privacy policies. (Patient Name)

Signature

Print Name

Date

Signature of Witness



Wilson East
Dental Care

CANCELLATION POLICY

We pride ourselves on keeping our costs affordable for our patients, one way we do that is efficient use of equipment and professional staff. If your appointment time becomes inconvenient for you, we are always happy to change it if you provide us with a minimum two business days notice. This allows us to schedule in a patient who may be in urgent need of care.

We strive to accommodate the scheduling needs of our patients and we will make every effort to keep your schedule on time.

Failure to provide us with 2 business days (48 hrs) advance notice or failure to show up for scheduled appointment will result in a cancellation/ no show fee of \$50 per person.

Our goal in communicating our cancellation/ no show policy is to avoid any extra charges from occurring.

We thank you for your cooperation and understanding.

Patient or Parent/Guardian signature

Date