



PRIVACY STATEMENT FOR PATIENTS & CONSENT FORM

Privacy of our patient's personal information is important to us. We are committed to collecting, using, and disclosing personal information responsibly.

PERSONAL INFORMATION

Personal information for our purposes is; that information necessary for the provision of professional oral health care services provided to you, and information necessary to administer this dental practice.

Personal information includes all that information provided by you to us on our patient information/health/medical history form at the first visit and any subsequent visits. Personal information may also include any information provided by you to us during the normal course of communication between patient and dental office staff. We will use and disclose only information provided to us by you or another person acting on your behalf.

INFORMATION PROTECTION

We are committed to protecting your personal information. We have established and implemented a variety of security measures to properly manage and safeguard your personal information from loss, theft and unauthorized access. Access to your personal information shall be on a "need to know" basis.

INFORMATION DISCLOSURE

Your personal information shall be disclosed to only those who have a need to know and the specific information disclosed shall be restricted to only that information relevant to the recipients need to know. Those who have a need to know include other dentists, health care providers (i.e. dental specialists, personal physicians) and GEM Dental consultants for the purpose of ensuring "best practice standards". Further, the personal information disclosed to dental benefit providers is limited to only that personal information required by the provider. You may at any time designate any restrictions as to whom we may disclose your personal information or restrict the content of a disclosure.

INFORMATION RETENTION AND DESTRUCTION

We will retain your personal information for the period necessary to continue providing oral health services to you, and for its related administration. We will destroy information in a secure manner when the information is no longer necessary for the provision of oral health services and is not required to be retained for compliance with provincial or federal regulations or statutes.

YOUR ACCESS TO YOUR RECORDS

We are committed to providing you with open access to your personal information held by us. You may at any time ask us to see your records held by us and to request amendments to that information. We will provide access to you within a reasonable timeframe recognizing your desire for the information and our need to carry on our practice with limited interruption.

COMPLAINT PROCESS

Should you wish to make a formal complaint regarding our privacy practices, please do so in writing to our privacy officer, Dr. Lila Nabi at Email: drlilanabi@gmail.com.

CONTACT

Should you have any questions comments or concerns, please bring them to my attention or the attention of our privacy officer Dr. Lila Nabi. We will be pleased to assist you.



PRIVACY POLICY CONSENT

ACKNOWLEDGEMENT

Having read and understood the PRIVACY STATEMENT FOR PATIENTS, I consent to the collection, use and disclosure of my personal information as presented in the STATEMENT, subject to the restrictions identified below.

No Restrictions: _____

RESTRICTED ACCESS

My personal information shall **NOT** be provided to the following individuals or organizations:

RESTRICTED INFORMATION

Personal information disclosed from the personal information collected, shall not include:

I hereby give Town Centre Dental Clinic permission to speak with or provide written or electronic information to my significant other/spouse/parent/guardian about any information that is needed in the opinion of the Town Centre Dental Clinic. Name of Third party(s):

Patient Name: _____ Date: _____

Patient Signature (parent, guardian): _____

I agree to receive electronic communication from Town Centre Dental Clinic including appointment reminders, updates and promotions. I am aware that I can opt-out or withdraw my consent at any time.

I am aware that a comprehensive copy of the Town Centre Dental Clinic Privacy Policy can be found at www.towncentredental.ca

I have read and agreed to all of the above policies as outlined.

Patient Name: _____ Date: _____

Patient Signature (parent, guardian): _____