

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

### **Dr. Beatrice Leung**

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Toronto, ON  
M4T 1K2

Privacy of your personal information is important in our office. We understand the importance of protecting your personal information and we are committed to collecting, using and disclosing that information responsibly. We also try to be as open and transparent about the way we handle your personal information.

In this office, Dr. Leung acts as the Privacy Information Officer. All the 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, and the law.

Do not hesitate to discuss our policies with me or any member of our office staff.

### **Possible Uses and Disclosure of Patients' Personal Information**

We have outlined here possible uses and disclosure of your personal information. Some of the uses are:

- to access your health needs
- to advise you of treatment options
- 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/or peripheral dentists
- to allow us to maintain communication and contact with you to book and confirm appointments
- to allow us to efficiently follow up treatment, care and billing
- to complete and submit dental claims for third party adjudication and payment
- to invoice for goods and services
- to process credit card payments
- to collect unpaid accounts
- 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' insurance carrier to enable the insurance company to access liability and quantify damages, if any
- 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
- for teaching and demonstrating purposes on an anonymous basis
- 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

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 defense of a legal issue.

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. We may also advise you if such a release is appropriate.

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. Leung 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