

88 FINCH EAST DENTAL CENTRE  
PERSONAL INFORMATION CONSENT

Our office is dedicated to protecting your privacy in a professional and responsible manner. This form summarizes the personal information that we collect, use and disclose. In addition to the circumstances described in the form, we also collect, use and disclose personal information when permitted or required by law.

We retain personal information such as names, home addresses, home, work, and cell numbers. Other personal information we collect may include policy and ID numbers in order to process your claims, and includes financial information as well. This personal information is collected and used for the following purposes:

- To open and update patient files.
- To invoice patients for dental services, to process credit card payments or to collect unpaid account.
- To process claims for payment or reimbursement from third party health benefit providers and insurance companies.
- To send reminders to patients concerning the need for further dental examination for treatment.
- To send patients informative materials about our practice.

Personal information may be disclosed to a third party health benefit providers and insurance companies where the patient has submitted a claim for reimbursement purposes or payment for all or part of the cost of dental treatment or has asked us to submit a claim on their behalf.

We collect information from our patients with regards to their medical history, family health history, physical condition and previous dental treatments. Patient's medical information is collected and used for the purpose of diagnosing dental conditions and providing dental treatment. We may disclose information to the following:

- Insurance companies where the patient has submitted a claim for reimbursement or payment of dental treatment or when we submit a claim on the patient's behalf.
- Other dental providers and specialists, where we seek a second opinion with the patient's consent.
- Other dental providers and specialists, with patient's consent for referral.
- Other health care professionals such as physicians, if the patient, with their consent, has been referred by us, for either a second opinion or treatment.

We treat your personal information with respect and care. For security purposes, only persons authorized by 88 Finch East Dental Centre can review this information. Throughout the year, we send correspondence by mail and email. If you prefer to opt out of our mailing system, please call (416)221-8828 or email us at [smile@88fincheastdental.com](mailto:smile@88fincheastdental.com).

Due to privacy laws, we are legally bound to hold in confidence personal information of our clients who have reached the age of majority but are still listed as dependents with a parent/guardian. This includes clients who are listed as dependents with their parent(s) financially with or without insurance coverage. 88 Finch East Dental Centre assumes no responsibility of informing the parent/guardian of legal age within Ontario (18 years of age) of treatment provided, treatment deemed necessary and the cost of said treatment. This remains the sole responsibility of each client and their families.

I give 88 Finch East Dental Centre consent to retain, use and disclose my personal information as stated above.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

If signing on behalf of another individual, please note the name of the client below and the relationship you have with the patient.

\_\_\_\_\_  
Print Name of Client

\_\_\_\_\_  
Relationship to Client