

LUNA DENTAL NORTHWEST

Personal Information Consent

We are committed to protecting the privacy of our patients personal information and to utilizing all personal information in a responsible and professional manner. This document summarizes some of the personal information that we collect, use and disclose. In addition to the circumstances described in this form, we also collect, use and disclose personal information when permitted or required by law.

We collect information from our patients such as names, home addresses, place of business, home telephone numbers and work telephone numbers. (collectively referred to as "contact information").

- To open and update patients files
- To invoice patients for dental services, to process payments, or to collect unpaid accounts.
- 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 or treatment.
- To send patients informational material about our dental practice
- To assist other dentist and dental professionals with the gathering of contact information if the patient has been referred by us to the other dentist or dental specialist, and if the patient consents to the provision of the information.

Contact information is disclosed to third party health benefit providers and insurance companies where the patient has submitted a claim for reimbursement or payment of all or part of the cost of dental treatment or has asked us to submit a claim on the patients behalf. Financial information may be collected in order to make arrangements for the payment of dental services. We collect information from our patients about their health history, physical condition, and dental treatments. (collectively referred to as "medical information") Patients medical information is collected and used for the purpose of diagnosing dental conditions and providing dental treatment.

Patients medical information is disclosed:

- To third party health benefit providers and insurances companies where the patient has submitted a claim for reimbursement or payment of all or part of the cost of dental treatment or has asked us to submit a claim on the patients behalf.
- To other dentist and dental specialists, where we are seeking a second opinion and the patient has consented to us obtaining the second opinion.
- To other health care professionals such as physicians if the patient, with their consent, has been referred by us to the other health care professional for either a second opinion or treatment.

If we are ever considering selling all or part of our dental practice, qualified potential purchasers may be granted access as part of the due diligence process to patient information in order to verify information implant to the potential sale. If this occurs, we will take steps to ensure that the prospective purchaser safeguards all personal information.

Dentist are regulated by the Alberta Dental Association and College which may inspect our records and interview our staff as part of its regulatory activities in the public interest.

I consent to the collection, use and disclosure of my personal information as set out above.

Date _____ Print Name _____ Signature _____