



# Dr. Tracey Mulhall

## Dental Office Personal Information Consent Form

We understand the importance of protecting your personal information and are committed to collecting, using and disclosing it in a responsible and professional manner. All our staff members are aware of the sensitive nature of information you disclose to us and are trained in the appropriate uses and protection of your privacy. 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 their **contact information** (names, addresses, telephone numbers and email addresses) and their **medical information** (health history, physical condition, dental treatment history, dental treatment charting, dental radiographs and dental treatment photographs). Contact and Medical Information is collected and used in diagnosing dental conditions and providing dental treatment for the following purposes:

1. To deliver safe, efficient and high-quality patient care
2. To assess your health needs and advise you of treatment options, care and services
3. To open and update patient files
4. To contact you to book/confirm appointments and to allow us to follow-up on treatment and billing
5. To remind you of your appointments via text/sms, email or phone call with our automated system
6. To send promotions and marketing newsletters via email and text/sms
7. To communicate with healthcare providers; specialists or general dentists who are referring or peripheral clinicians
8. 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 or predetermination on the patient's behalf.
9. To other dentists and dental specialists, where we are seeking a second opinion and the patient has consented to us obtaining the second opinion.
10. To other dentists and dental specialists if the patient, with their consent, has been referred by us to the other dentist or dental specialists for treatment.
11. To comply with legal and regulatory requirements by The College of Dental Surgeons of Alberta according to the provisions of the Health Professions Act
12. To invoice for dental services, to process credit card payments, or to collect unpaid accounts.
13. To assist this office to comply with all regulatory requirements and comply generally with the law

Dentists are regulated by The College of Dental Surgeons of Alberta 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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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