



# Patient Consent Form

*For Collection, Use, and Disclosure of Personal Information*

Privacy of your personal information is an important part of our office providing you with quality patient care. We understand the importance of protecting your personal information. We are committed to collecting, using, and disclosing your personal information responsibly. All 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. Our privacy protocols comply with: the **Personal Information Protection and Electronic Documents Act (PIPEDA)**; Ontario's **Personal Health Information Protection Act (PHIPA)**; standards of our regulatory body, the Royal College of Dental Surgeons of Ontario; and the law.

Please be assured that every staff person in our office is committed to ensuring that you receive the best quality care.

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 that I can ask to see the Code at any time.

I agree that **MAXFACS Imaging Technology Corporation** can collect, use, and disclose personal information about

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Patient Name

as outlined above in the information about the office's privacy policies.

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Name of Patient or Substitute Decision Maker (Print)

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Signature

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Date

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Signature of Witness



# How MAXFACS Collects, Uses, and Discloses Patients' Personal Information

Our office understands the importance of protecting your personal information. To help you understand how we are doing that, we have outlined here how our office is using and disclosing your information.

This office will collect, use, and disclose information about you for the following purposes:

- to assess your health needs and to provide healthcare
- to advise you of treatment options
- to enable us to contact you and to establish and maintain communication with you in order to distribute healthcare information, book and confirm appointments, and to efficiently follow up for treatment, care & billing
- to offer and provide treatment, care, and services in relationship to the oral and maxillofacial complex and surgical care generally
- to communicate with other treating healthcare providers, including specialists and general dentists who are the referring dentists and/or peripheral dentists
- for teaching and demonstrating purposes on an anonymous basis
- to complete and submit dental claims for third party adjudication and payment
- to process credit card payments or to collect unpaid accounts
- to assist this office to comply with all regulatory requirements and generally with the law

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.

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 inappropriate.

### Patient Consent

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Patient Name

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Name of Patient or Substitute Decision Maker (Print)

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Signature

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Date

\_\_\_\_\_  
Signature of Witness