



PERSONAL INFORMATION CONSENT FORM

We at Aurora Dental Group are committed to protecting the privacy of our patient's personal information and to utilizing all personal information in a responsible and profession manner. This document summarizes some of the personal information that we collect, use and disclose. In addition to the circumstances described in the form, we also collect, use and disclose information when permitted or required by law.

We collect information from our patients such as names, home addresses, work addresses, home telephone numbers, work telephone numbers and e-mail addresses (collectively to as "Contract Information"). Contract 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 accounts;
- To process claims for payment or reimbursement from third-party health benefit providers and insurance companies;
- To send reminders to patients concerning the needs for further examination or treatment;
- To send patients informational material about our dental practice.
- Agree to receive feedback-related text messages. Feedback may be publicly displayed. Can opt-out anytime; contact info for feedback communication.

Contract information is disclosed to third party health 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 of has asked us to submit a claim on the patient's 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, their family history, physical conditions and dental treatments (Collectively referred to as "Medical Information"). Patient's Medical Information is collected and used for the purpose of diagnosing dental conditions and providing dental treatment.

Patient's Medical 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 and has asked us to submit a claim on the patient's behalf.
- To other dentists and dental specialists, where we are seeking a second opinion and the patient has consented to us obtaining the second opinion.
- To other dentists and dental specialists if the patient, with their consent, has been referred by us to the other dentists or dental specialists for treatment.
- To other dentists and dental specialists where those dentists have asked us, with the consent of the patient to provide a second opinion.
- To other health care professionals such as physicians if the patients, with their consent, has been referred by us to the other health care professionals for either a second opinion or treatment.

If we ever consider 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 important to the potential sale. If this occurs, we will take steps to ensure that the prospective purchaser safeguards all personal information.

Dentists 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

SIGNATURE

PRINT NAME

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