

PATIENT INFORMATION

Name _____ Date _____

Address _____ City _____ Postal Code _____

Home Phone (_____) _____ Work Phone (_____) _____

Cell Phone (_____) _____ Email _____

Preferred contact: Home Phone Work Phone Cell phone Email

Date of Birth _____ Age _____ Gender _____ Marital Status _____
Month/Day/Year

Name of School _____ Grade _____

In case of an emergency, we may contact _____

Phone (_____) _____ Relationship to Patient _____

RESPONSIBLE PARTY

(COMPLETE IF INFORMATION IS DIFFERENT THEN ABOVE)

Name _____ Relationship to Patient _____

Address _____ City _____ Postal Code _____

Date of Birth _____ Employer _____
Month/Day/Year

Is this person currently a patient of our office? YES NO

INSURANCE INFORMATION

PRIMARY INSURANCE

Name of policy holder _____ Date of Birth _____
Month/Day/Year

Employer _____ Insurance company _____

Group/Plan/Policy# _____ Certificate/ID # _____

DO YOU HAVE ADDITIONAL INSURANCE? YES NO If YES, complete the following:

SECONDARY INSURANCE

Name of policy holder _____ Date of Birth _____
Month/Day/Year

Employer _____ Insurance company _____

Group/Plan/Policy# _____ Certificate/ID # _____

x

Signature of Patient/Parent/Guardian

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 dental care. We understand the importance of protecting your personal information. We are committed to collecting , using and disclosing your personal information responsibly. We also try to be as open and transparent as possible about the way we handle your personal information. It is important to us to provide this service to our patients.

In our office Lisa Kovari acts as the Privacy Officer.

All staff that come into 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.

How Our Office Collects, Uses and Discloses Patients; Personal Information

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

- To deliver safe and efficient patient care
- To identify and to ensure continuous high quality service
- To assess your health needs
- To provide health care
- To advise you of treatment options
- To enable us to contact you
- To establish and maintain communication with you
- To offer and provide treatment, care and services in relationship to the oral and maxillofacial complex and dental care generally
- To communicate with other treating health-care providers, including specialists and general dentists who are the referring dentists and/or peripheral dentists
- To allow us to maintain communication and contact with you to distribute health-care information and to book and confirm appointments
- To allow us to efficiently follow-up for treatment, care and billing
- For teaching and demonstrating purposes on an anonymous basis. Clinical photographs digital and 35mm will be used as part of this educational process
- To continue with patient education via out patient news letter
- To complete and submit dental claims for third party adjudication and payment
- To comply with legal and regulatory requirements, including the delivery of patients’ charts and records to the Royal College of Dental Surgeons of Ontario in a timely fashion, when required, according to the provisions of the Regulated Health Professions Act
- To comply with agreements/undertakings entered into voluntarily by the member with the Royal College of Dental Surgeons of Ontario, including the delivery and/or review of patients’ charts and records to the College in a timely fashion for regulatory and monitoring purposes.
- To permit potential purchasers, practice brokers or advisors to evaluate the dental practice
- To allow potential purchasers, practice brokers or advisors to conduct an audit in preparation for a practice sale
- To deliver your charts and records to the dentist’s insurance carrier to enable the insurance company to assess liability and quantify damages, if any
- To prepare materials for the Health Professions Appeal and Review Board (HPARB)
- To invoice for goods and services
- To process credit card payments
- To collect unpaid accounts
- To assist this office to comply with all regulatory requirements
- To comply generally with the law

By signing below, 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.

I agree that Dr. Steve Chang Dentistry Professional Corporation can collect, use and disclose personal information about _____ as set out above in the information about the office’s privacy policies.

Patient/Parent/Guardian Print _____ Signature _____ Date _____

Doctor Signature _____ Date _____