



Patient Privacy Consent Form

For Collection, Use, and Disclosure of Personal Information

Privacy of your personal information is an essential part of providing you with quality care. We understand the importance of protecting your personal information. We are committed to collecting, using, and disclosing your personal information responsibly. It is important to us to provide this service to you. If you have any questions regarding this, please discuss it with us or call our office manager.

Contact Information is collected and used for the following purpose:

- To open and update files.
- To invoice patients for dental services, to process credit card payments, or to collect unpaid accounts.
- To process claims, either via electronic submission or paper copy, for payment or reimbursement from third-party health benefit providers and insurance companies.
- To help manage the accuracy of data stored by the practice management software used in our office.

Patient Medical Information is collected and used for the purpose of diagnosing dental conditions and providing dental treatment. This information is disclosed:

- To third party health benefit providers and insurance companies where we have submitted a claim for reimbursement or payment on the patient's behalf.
- To other dentists and dental specialists, where we are seeking a second opinion or treatment, with the consent of the patient.
- To other dentists, dental specialists, or health care providers if the patient, with their consent, has been referred to us for a second opinion or treatment.

This authorization shall continue in effect until the undersigned revokes the same.

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

Date

Print Name

Signature