

Notice of Privacy Policies

Last Name: _____ First Name: _____ Birthdate: _____

The 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 will 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 this office, Dr. Michael Rullo is the Privacy Information Officer.

All staff members who 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.

Attached to this content form, we have outlined what our office is doing to ensure that:

Only necessary information is collected about you;

We only share your information with your consent;

Storage, retention and destruction of your personal information complies with existing legislation, and privacy protection protocols;

Our privacy protocols comply with privacy legislation, standards of our regulatory body, and the law

Do not hesitate to discuss our policies with any staff member. Please be assured that every staff member at our office is committed to ensuring that you receive the best quality dental care.

How Our Office 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. The office will collect, use and disclose information about you for the following purposes:

To deliver safe and efficient patient care

To identify and ensure continuous high-quality service

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 general dental care and oral and maxillofacial surgery

To communicate with other treating health-care providers, including dental and medical specialists, as well as dental and medical primary care providers

To allow us to maintain communication and contact with you to distribute healthcare information and to book and confirm appointments

To allow us to efficient follow-up for treatment, care and billing

For teaching and demonstrating purposes on an anonymous basis

To complete and submit dental claims for third party adjudication and payment

To comply with legal and regulatory requirements, including delivery of 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, or conduct and audit in preparation for a practice sale

To deliver your charts and records to the dentist's insurance carrier if appropriate

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To prepare materials for the Health Professionals Appeal and Review Board (HPARB)

To invoice for goods and services

To process credit card payments

To collect unpaid accounts

To assist this office in complying with all regulatory requirements

To comply generally with the law

By signing the consent section of this Patient Consent Form, you have agreed what 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 your use and/or disclosure of your personal information, we will seek your approval in advance.

Your information may be accessed by regulatory authorities under the terms of the Regulated Health Professions Act (RHPA) for the purposes of the Royal College of Dental Surgeons of Ontario fulfilling its mandate under the RHPA, and for the defence of a legal issue.

Our office will not under any condition supply your insurer with your confidential medical history, In the event that this kind of request is made, we will forward the information directly to you for review, and for your specific consent

...also, we will forward this information directly to you for review, and for your specific concerns.

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 in our opinion.

Patient Consent

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 the dentists can collect, use and disclose the personal information as set in the above privacy policy.

You may withdraw your consent for the or disclosure of your personal information, and we will explain the ramification of that decision, and the process.

Patient/Parent/Guardian Signature: _____

Date:

2021-03-04