



PATIENT PRIVACY CONSENT FORM
For Collection, Use & Disclosure of Personal Information

The Personal Information Protection Act (PIPA) is intended to protect the collection, use and disclosure of personal information.

The Georgia Dental Group is committed to protecting your privacy and ensuring your personal information remains confidential. Collection of your personal information is an important part of our office providing you with quality care. We understand the importance of protecting your personal information. We are committed to collecting, using, retaining and disclosing your personal information responsibly.

All staff members who come in contact with your personal information have signed confidentiality agreements and are aware of the sensitive nature of the information you have disclosed to us. They are all trained in the appropriate uses and protection of your information.

In this consent 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 protocols;
- our privacy protocols comply with privacy legislation, standards of our regulatory body and the law.

How Our Office Collects, Uses & Discloses Patient's Personal Information

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

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

1. To deliver safe and efficient patient care.
2. To assess your health needs and to advise, offer and provide treatment, care and services.
3. To identify and to ensure continuous high quality service.
4. To allow us to maintain communication and contact with you to book and confirm appointments and to distribute health care information (i.e. hygiene reminder cards and educational dental newsletters).
5. To communicate with our treating health care providers, including specialists and referring doctors.
6. To allow us to efficiently follow up for treatment, care and billing.
7. To invoice for goods and services, process credit card payments and to collect unpaid accounts.
8. To complete and submit insurance claims for payment, pre-authorizations and electronic submission.
9. For teaching and demonstrating purposes on an anonymous basis.
10. To comply with legal/regulatory requirements including the delivery of patient charts/records to governing bodies in a timely fashion when required, according to the provisions of the College of Dental Surgeons.
11. To comply with agreements/undertakings entered into voluntarily by the member with governing bodies, including the delivery and/or review of patient's charts/records in a timely fashion for regulatory and monitoring purposes.
12. To permit potential purchasers, practice brokers or advisors to evaluate the practice and to conduct an audit in preparation for a practice sale.
13. To deliver your charts/records to the office's insurance carrier to enable the insurance company to assess liability and quantify damages, if any.
14. To prepare materials for the Health Professions Appeal and Review Board.
15. To assist our office to comply with the law and all regulatory requirements.

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 above. If a new purpose arises for the use and/or disclosure of your personal information, we will seek your approval in advance.

You may withdraw your consent for use or disclosure of your personal information at any time. It is also your right to choose not to provide us with some or all of your personal information, or deny us the use or disclosure of your information. If you exercise this right, please be aware that we may be limited in our ability or may not be able to provide you with dental services.

Your information may be accessed by regulatory authorities under the terms of the Regulated Health Professions Act and for the defense of a legal issue.

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.

Please do not hesitate to discuss our policies with any member of our staff team. Please contact our Privacy Officer if you want a better understanding of our Privacy Policy, if you have any questions regarding our Privacy Policy or if you wish to address any concerns regarding our Privacy Policy.

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 Policy, and I can ask to see the code at any time.

I agree that The Georgia Dental Group/Dr. Brian Baird Inc. can collect, use and disclose personal information about me as set out above.

Patient/Guardian (print name)

Signature

Date

Witness (print name)

Signature

Date