

PRIVACY STATEMENT – JANUARY, 2010

Privacy of our patient's personal information is important to us. We are committed to collecting, using, and disclosing personal information responsibly.

Personal Information

Personal information for our purposes is: information necessary for the provision of professional oral health care services provided to you, and information necessary to administer this dental practice. Personal information includes all information which you provide to us when you complete your "patient information/health/medical history form" at your first visit to the office, and subsequent visits. Personal information may also include any information which you provide to us during the normal course of communication between a patient and our dental office staff. We will use and disclose only information provided to us by you or another person acting on your behalf.

Information Protection

We are committed to protecting your personal information. We have established and implemented a variety of security measures to properly manage and safeguard your personal information from loss, theft, and unauthorized access. Access to your personal information shall be on a 'need to know' basis.

Information Disclosure

Your personal information shall be disclosed to only those who have a need to know, and the specific information disclosed shall be restricted to only that information relevant to the recipient's need to know, i.e. other dentists and health care providers (dental specialists, personal physicians, physiotherapists). Further, personal information required by the provider.

At any time, you may designate any restrictions as to whom we may disclose your personal information, or restrict the content of a disclosure.

Information Retention and Destruction

We will retain your personal information for the period necessary to continue providing oral health services to you, and for its related administration. We will destroy information in a secure manner when the information is no longer necessary for the provision of oral health services, and is not required to be retained for compliance with provincial or federal regulations or statutes.

Your Access to Your Records

We are committed to providing you with open access to your personal information held by us. You may at any time ask us to see your records held by us, and to request amendments information. We will provide access to you within a reasonable timeframe, recognizing your desire for the information and our need to carry on our practice with limited interruption.

Complaint Process

Should you have any questions, comments, or concerns, please bring them to my attention, or the attention of our privacy officer, **PAUL SMITH**. We will be pleased to assist you.

Authorization

I (please print) _____ have read and agree to the use of my confidential information as described above.

PATIENT SIGNATURE _____