



Patient Privacy Policy For Collection, Use and Disclosure of Personal Information

Privacy of your personal information is an important part of our office protocol. We are committed to collecting, using and disclosing your personal information responsibly. All staff members who come in contact with your personal information are aware of the sensitive nature of this information, and are all trained in the appropriate use and protection of your information. In this office, Dr. Ram Sriniasan acts as the Privacy Information Officer.

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 assess your health needs and advise you of your treatment options
- To allow us to maintain communications and contact with you to distribute health-care information and to book and confirm appointments
- To communicate with other treating health-care providers, including physicians, dentists, specialists and pharmacists
- To allow us to efficiently follow-up for treatment, care and billing
- 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, when required, according to the provisions of the Regulated Health Professions Act
- To comply with agreements/undertakings entered into voluntarily by the member (Dr. Srinivasan) with the Royal College of Dental Surgeons of Ontario, including the delivery and/or review of patients' charts and records to the College for regulatory and monitoring purposes
- To allow consultants or advisors to assist in beneficial office management processes
- To prepare materials for the Health Professions Appeal and Review Board (HPARB)

Our office will not under any conditions supply anyone with your confidential medical history. In the event this kind of request is made, we will forward the information directly to you for review, and for your specific consent. We may also advise you if such a release is inappropriate.

General Release

I certify that I have provided an accurate and complete personal medical/dental history and have not knowingly omitted any information. I authorize the dentist to perform diagnostic procedures as may be necessary for proper dental care. I also understand that consultation with my medical doctor may be required and I consent to my physician being contacted if necessary.

I authorize the collection, use and distribution of my personal information according to this dental clinic's Privacy Policy.

Signature _____ Print Name _____

Date _____ Signature of Witness _____