



### **General Patient Consent Form**

I \_\_\_\_\_ agree that \_\_\_\_\_  
can collect, use and disclose my personal information as described in this agreement.

The purpose of collecting personal information is to enable our office to provide appropriate dental care. Your personal information will not be collected, used, disclosed or accessed except as provided for our privacy code, in this consent form or required by law. The specific ways in which our office will use and disclose your personal information are described in the attached Appendix A.

I understand the information provided above, have reviewed Appendix A and authorize the dental/professional corporation noted above to collect, use and disclose my personal information as described.

Signature: \_\_\_\_\_ Witness: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

## Appendix A

### **Purposes for the use and disclosure of personal information**

The personal information, which you provide to this dental office, will be used for the following purposes:

- To provide dental care which includes consultation with and referral to other health care providers on a need to know basis.
- To communicate with patients with respect to appointments, follow ups, further treatment options, and collection of unpaid accounts.
- Where necessary for purposes of dental or health care to contact other healthcare providers or other healthcare facilities.
- To submit dental claims for payment to third party payers (insurance companies or government agencies)
- For teaching purposes.
- For peer review.
- To comply with registration and licensing requirement of the New Brunswick Dental Society.
- To process credit card payments.
- For office management.
- To evaluate the financial worth of the dental practice.
- To conduct an audit in the event of a sale of the dental practice.
- To collect unpaid accounts.
- To comply with the law.

Consent is not required and personal information may be disclosed where necessary for the following purposes:

- To provide immediate care during a medical emergency.
- To prevent serious harm or injury to another person.
- To contact the relatives or next of kin of someone seriously ill.
- As required by law.