

**SKYVIEW RANCH DENTAL CLINIC PERSONAL INFORMATION CONSENT**

Our office is dedicated to protecting your privacy in a professional and responsible manner. This form summarizes the personal information that we collect, use and disclose. In addition to the circumstances described in the form, we also collect, use and disclose personal information when permitted or required by law.

We retain personal information such as names, home addresses, home telephone numbers, work telephone numbers, and cell numbers. Other personal information we collect may include policy and ID numbers, in order to process your claims. This includes financial information as well. This personal information is collected and used for the following purposes:

- To open and update patient files
- To invoice patients for dental services, to process credit card payments, or to collect unpaid account.
- To process claims for payment or reimbursement from third-party health benefit providers and insurance companies.
- To send reminders to patients concerning the need for further dental examination for treatment.
- To send patients informative material about our dental practice.

Personal information may be disclosed to third party health benefit providers and insurance companies where the patient has submitted a claim for reimbursement or payment for all or part of the cost of dental treatment or has asked us to submit a claim on their behalf.

We collect information from our patients about their health history, their family health history, physical condition, and previous dental treatments. Patient’s medical information is collected and used for the purpose of diagnosing dental conditions and providing dental treatment. Professionals we may disclose information to are:

- To insurance companies where the patients has submitted a claim for reimbursement or payment of dental treatment or has asked us to submit a claim on the patient’s behalf.
- To other dentists and dental specialists, where we are seeking a second opinion and the patient has consented to us obtaining the second opinion.
- To other dentists and dental specialists if the patient, with their consent, has been referred by us.
- To other dentists and dental specialists where those dentists have asked us, with consent of the patient, to provide a second opinion.
- To other health care professionals such as physicians if the patient, with their consent, has been referred by us, for either a second opinion or treatment.

We treat your personal information with respect and care. For purposes of security, only persons authorized by Skyview Ranch Dental Clinic can review this information. Throughout the year we mail out reminder notices, if you want your name removed from our mailing system, please call 403-266-1212.

Due to privacy laws we are legally bound to hold in confidence personal information of our clients who have reached the age of majority but are still listed as dependants with a parent/guardian. This includes clients who are listed as dependants with their parent(s) financially with or without insurance coverage. Skyview Ranch Dental Clinic assumes no responsibility of informing the parent/guardian of legal age within Alberta (18 Years of age) of treatment provided, treatment deemed necessary and the cost of such treatment. This remains the sole responsibility of each client and their families.

*I give Skyview Ranch Dental Clinic consent to retain, use and disclose my personal information as stated above.*

_____	_____	_____
Date	Print Name	Signature

*If signing on behalf of another individual please note the name of the client below and the relationship you have with this person.*

_____	_____
Print Name of Client	Relationship to Client