

Bruce V. Freeman DDS, DOrtho, MSc

Camila Caro DDS, MSc, DOrtho, FRCD(C)

Bradley Lands DMD, MSc, DOrtho, FRCD(C)

Orthodontist

How **Freeman Caro Lands Orthodontics** collects, uses and discloses patients' personal information

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

your information. We will collect, use and disclose information about you for the following purposes:

- To deliver safe and efficient patient care
- To identify and ensure continuous high quality service
- To assess your health needs
- To provide health care
- To advise you of treatment options
- To enable us to contact you
- To establish and maintain communication with you
- To offer and provide treatment, care and services in relationship to the oral and maxillofacial complex and dental care generally
- To communicate with other treating health-care providers, including physicians, specialists, general dentist who are the referring dentist and/or peripheral dentist
- To communicate with your pharmacist or pharmacy
- To allow us to maintain communication and contact with you to distribute health-care information and to book and confirm appointments
- To allow us to efficiently follow-up for treatment, care and billing
- For teaching and demonstrating purposes on an anonymous basis
- 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 in a timely fashion, when required, according to the provisions of *The Regulated Health Professions Act*
- To comply with agreements/undertakings entered into voluntarily by the member with *The Royal College of Dental Surgeons of Ontario*, including the delivery and/or review of patients' charts and records to the College in a timely fashion for regulatory and monitoring purposes
- To permit potential purchasers, practice brokers or advisors to evaluate the dental practice
- To allow potential purchasers, practice brokers or advisors to conduct and audit in the preparation for practice sale

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- To deliver your charts and records to the dentist's insurance carrier to enable the insurance company to assess liability and quantify damages, if any
- To prepare materials for the Health Professions Appeal and Review Board (HPARB)
- To invoice for goods and services
- To process credit card payments
- To collect unpaid accounts
- To assist this office to comply with all regulatory requirements
- To comply generally with the law

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

Your information may be accessed by regulatory authorities under terms of *the Regulated Health Professions Act (RHPA)* for the purpose of the Royal College of Dental Surgeons of Ontario fulfilling its mandate under the RHPA, and for the defence of legal issue.

Our office will not under any conditions supply your insurer 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. When unusual requests are received, we will contact you for the permission to release such information. We may also advise you if such release is inappropriate. You may withdraw your consent for use or disclosure of your personal information, and we will explain the ramification of that decision, and the process.

Patient Consent

I have reviewed the two pages of the Privacy Policy that explains how this office will use my personal information, and the steps this office is taking to protect my information.

I know that this office has a Privacy Policy, and I can ask to see the Policy at any time.

I agree that Dr. B.Freeman, Dr. C. Caro and Dr. Land and staff can collect, use and disclose personal information as set out in the attached information about the office's privacy policies.

Signature

Print Name

Date

Signature of Witness