

general consent and information form



p 416.923.8668 | f 416.923.3820 | vstavro@drvaleriestavro.com
66 Avenue Road Suite 6, Toronto, Ontario M5R 3N8

Privacy of personal information is an important principle in the provision of quality dental care to our patients. We understand the importance of protecting your personal information. We are committed to collecting, using and disclosing your personal information responsibly. We also try to be as open and transparent as possible about the way we handle your personal information.

Dr. Valerie Stavro is our Privacy Information Officer. Our office has a Privacy Code and you may ask to see the Code at any time. All staff members are trained in the appropriate uses and protection of your information and we are committed to collecting, using and disclosing your personal information responsibly.

At your initial visit only necessary information is collected about your dental and medical history.

All storage, retention and destruction of your personal information complies with existing legislation, and privacy protection protocols and standards of our regulatory body, the Royal College of Dental Surgeons of Ontario, and the law.

This office will collect, use and disclose information about you for the following purposes:

- to assess and deliver safe and efficient patient care
- to enable us to contact you and efficiently follow-up for treatment, care and billing including processing of credit cards and collect of delinquent accounts
- to communicate with other treating health-care providers, including general dentists, specialists and physicians
- to allow us 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 patient's 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 an audit in preparation for a practice sale
- to prepare materials for the Health Professions Appeal and Review Board (HPARB)

You may withdraw your consent for use and disclosure of your personal information, and we will explain the ramifications of that decision, and the process.

I understand that photographs, x-rays and videos of my face, mouth and teeth may be taken for clinical records. I give permission for these records to be used for educational purposes in study club meetings, lectures, seminars, and professional publications (journals, magazines, and website).

I further understand that if photographs, videos or x-rays of my mouth are used in any publication or as part of a demonstration, my name or other identifying information will be kept confidential. I do not expect compensation, financial or otherwise, for the use of these photos, x-rays or videos.

PATIENT CONSENT

I have reviewed the above information that explains how your office will use my personal information. I know that your office has a Privacy Code and I can ask to see the Code at any time. I agree that Dr. Valerie Stavro can collect, use and disclose personal information about

(Patient Name-please print)

as set out in the information about the office's privacy policies.

Signature

Date