HIGHLAND DENTAL CLINIC

Privacy Policy

We are committed to protecting the privacy of our patients' personal information and to utilizing all personal information in a responsible and professional manner. This document summarizes some of the personal information that we collect, use and disclose. In addition to the circumstances described in this form, we also collect, use and disclose personal information when permitted or required by law. We collect information from our patients such as names, home addresses, work addresses, home telephone numbers, work telephone numbers, cellular phone numbers and email addresses (collectively referred to as "Patient Contact Information"). Patient contact 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 accounts.
- To process claims for payment or reimbursement for third-party health benefits providers and insurance companies.
- To send reminders to patients concerning the need for further dental examination or treatment.
- To send patients informative material about our dental practice.

Patient contact information is disclosed to third-party health benefit providers and insurance companies where the patient has submitted a claim for reimbursement or payment of all or part of the cost of dental treatment or has asked us to submit a claim on the patient's behalf. Financial information will be collected in order to make arrangements for the payment of dental services provided, unless the dental services are paid for in full at the time of visit.

We collect information from our patients about their health history, their family health history, physical condition, and previous dental treatments (collectively referred to as "medical information"). Patients' medical information is collected and used for the purpose of diagnosing dental conditions and providing dental treatment.

Patients' medical information is disclosed:

- To third-party health benefit providers and insurance companies where the patient has submitted a claim for reimbursement or payment of all or part of the cost 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 the other dentist or dental specialist for treatment.
- To other dentists and dental specialists where those dentists have asked us, with the consent of the patient, to provide a second opinion.
- To other health care professionals such as physicians and medical specialists if the patient, with their consent, has been referred by us to the other health care professional for either a second opinion or treatment.
- any electronic submissions through www.highlanddentalclinic.com will allow us access to personal information such as, email addresses, IP addresses, names, phone numbers and dental requirements. Website information is collected and used for the purpose of booking/revising appointments.

If information is no longer required, all pertinent documents are destroyed using a paper shredder - an on-site, secure document destruction program developed specifically to deal with regulatory privacy and confidentiality requirements.

If we are ever considering selling all or part of our dental practice, qualified potential purchasers may be granted access as part of the due diligence process to patient information in order to verify information important to the potential sale. If this occurs, we will take steps to ensure that the prospective purchaser safeguards all personal information. Dentists are regulated by the Alberta Dental Association and College which may inspect our records and interview our staff as part of its regulatory activities in the public interest.

I consent to the collection, use and disclosure of my personal information as set out above.

Date	Print Name	Signature