

Alma Dental Centre Privacy Policy

Alma Dental Centre has a clinic-wide policy on how we handle our patient's personal information. Personal information is any identifiable information about any individual. This information can include: name, home address, telephone number, fax number, email address, gender, marital status, date of birth, dental records, etc.

Alma Dental Centre makes every effort to ensure that patient information is accurate, complete and current. Appropriate measures have been taken to ensure that all personal information is safeguarded against unauthorized access, disclosure or use.

Occasionally it is necessary to disclose patient information to third party individuals as part of regular dental protocol. This may include referrals to other specialists, dental offices, or when preauthorizing specific treatment with insurance companies. Alma Dental Centre also conducts regular audits of our patient charts to ensure accuracy and that our patient charts are being maintained at high practice standards. Patients are welcome to ask at any time to see your records held by us and to request amendments to that information. You may at any time designate any restrictions as to whom we may disclose your personal information or restrict the content of a disclosure.

Due to the Privacy Act, insurance companies require that dental offices obtain written patient permission before we can access any information or send dental claims on behalf of patients. Insurance companies also require that we are able to provide personal information that matches what they have on record in order to release to us any information about a patient's plan. This may include birthdates, addresses and names of policy holders.

Should you have any questions, comments or concerns, please bring them to the attention of the dentist.

CONSENT

I, _____ (print name) have read and understood the PRIVACY POLICY for patients of Alma Dental Centre. I hereby give my consent to the collection, use and disclosure of my personal information as presented in the above statement.

Signature: _____

Date: _____

I, _____ (print name) give consent to Alma Dental Centre to co-ordinate dental insurance claims, payments and pre-authorizations on my behalf. I also give consent for my dental insurance company to release any information regarding my dental claims or pre-authorizations to Alma Dental Centre.

Signature: _____

Date: _____