

## Consent Form – Health Practitioner Sample Form

This is a Sample Form to be used as a template for Denturists – Insert Clinic/Practitioner name where appropriate

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

- To deliver safe & efficient patient health care
- To identify & ensure high quality service is provided to our patients on a continuous basis
- To assess your oral health needs & to advise you of treatment options appropriate to those specific needs
- To enable us to contact you & maintain communications with you to ensure that your denture servicing needs are adequately met on an ongoing basis
- To offer & provide treatment, care, information or services related to your general and specific oral health care needs
- To communicate with your other health care providers including your dentist, your dental hygienist, family physician or outside laboratory services when necessary & appropriate.
- To contact you to distribute health care information, to book or to confirm appointments
- To contact you to efficiently follow up on treatment, quality of care & payment.
- To provide anonymous data for the purposes of teaching, demonstration & research
- To complete and submit dental claims for third party adjudication & payment
- To comply with legal or regulatory requirements under the *Regulated Health Professions Act*, the Health Professions Procedural Code, the *Denturism Act*, & associated regulations
- To prepare materials for the Privacy Commissioner and / or our liability insurance carrier as required
- To permit potential purchasers (or their agents) to evaluate & audit the Denturist practice in preparation for a potential practice sale
- To invoice for goods & services, to process credit / debit card payments or to collect unpaid accounts
- To allow this office to comply with all regulatory requirements & with the laws of Ontario and Canada

By signing this Consent Form, you agree that you have given your informed consent to the collection, use and or disclosure of your personal information for the purposes that are listed. Your information may be accessed by the College of Denturists of Ontario or other regulatory authorities acting under statute, or in defense of a legal issue. We will seek your approval, in advance, if a new purpose arises for the use and/or disclosure of your personal information unless the use or disclosure is required by law.

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

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I have reviewed the above information that explains how *XYZ Denture Clinic* will use my personal information. I also understand that *XYZ Denture Clinic* safeguards my personal information and that I can have access to it. I know that *XYZ Denture Clinic* has a privacy code in place and that I can review this code at any time.

I agree that the *XYZ Denture Clinic* can collect, use and disclose personal information about \_\_\_\_\_ as set out above and in the office's privacy policies.

Print Name

Signature

Print Name

Date

Signature of Witness