



To our valued patients:

Your dental health and the privacy of your personal records are very important to us at Scarborough Dental Care. In this office, Dr. Solomon Siu acts as the Privacy Information Officer. Dr. Siu and all staff members will do our best to ensure that:

- Your information is only shared with your consent.
- The storage, retention and destruction of your personal information complies with existing legislation and privacy protection protocols.
- Our Privacy Protocols comply with privacy legislation, the standards of our regulatory body the Royal College of Dental Surgeons of Ontario, and the federal law.

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

Our office will not supply your insurer with your confidential medical history. In the event this kind of a request is made, we will forward the information directly to you for review, and for your specific consent.

Please be assured that every staff member in our office is committed to ensuring that your personal information will be kept in strictest confidence and will only be shared with parties connected with your dental care (e.g. other dental providers, your dental insurance company, etc.).

PATIENT CONSENT

I consent to your collection, of any and all personal information about me, together with all personal information about any minor of whom I have joint or sole parental custody, and to use such information in any manner or for any purpose whatsoever, but only in the course of concerning, or relating to, your dental practice.

I similarly consent to the disclosure to third parties of all such information but only in accordance with the Regulated Health Professions, the Dentistry, and Dental Hygiene Acts of Ontario, and to any insurer, person or other payment organization who may be responsible for payment of all or a part of any treatment or service you provide.

Name of minor(s):

Name & Signature

Date