



We are committed to protecting the privacy of our patients' personal information in accordance with Alberta law. This document summarizes some of the personal information that we collect, use and disclose. We also collect, use and disclose personal information when permitted/required by law.

We collect information from our patients such as names, home addresses and telephone numbers, work addresses and phone numbers, forwarding contact numbers and addresses in case of relocation, e-mail addresses, Social Insurance Numbers, Alberta Health Care Numbers, and Dental Insurance Information (collectively referred to as "Contact Information").

Contact information is collected and used for the following purposes:

- To open and update patient files and assess your health needs
- To invoice patients for dental services, to process credit card payments, or to collect unpaid accounts
- To process claims for payment/reimbursement from third-parties
- To send reminders to patients concerning the need for further dental examination or treatment
- To send patients informational material about our dental practice

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. By providing us with your e-mail address you consent to us contacting you by e-mail through automated or manual means. Telephone calls may be monitored and/or recorded for quality assurance purposes only.

Financial Information may be collected in order to make arrangements for the payment of dental services.

We collect information from our patients about their health history, their family health history, physical condition, and existing 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.

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 their behalf.
- To other dentists, specialists, and healthcare professionals with the patient's implicit or explicit consent, or are the subject of a referral, either from or to our office.

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. Information may also be requested by other regulatory authorities and may also be disclosed in the event of litigation.

Privacy of your personal information is an important part of our office providing you with quality dental care. If you have any questions/concerns or need to obtain information, please contact our Privacy Information Officer. If you need to transfer your records to another office, we will need you to sign a release.

CONSENT TO TREATMENT

I authorize Portrait Dental and its agents to perform advisable treatment, consultations, and/or radiographs as agreed upon throughout the course of treatment. If, during the course of treatment, procedures differ from what was originally contemplated, I will be provided with additional explanation of procedures and expenses involved at that time. I also acknowledge that no guarantee or assurance has been made to me as to the results that may be obtained. I understand that the laws of the Province of Alberta will govern this agreement, and I consent to the courts of the Province of Alberta having exclusive jurisdiction to entertain any action, suit, or proceeding in respect of, or in any way relating to such treatment.

CONSENT TO ANESTHETIC

I consent to the administration of local anesthetic as indicated, and understand that in extremely rare circumstances paresthesia (numbness) may result from the administration of local anesthetic.

EMERGENCY CARE CONSENT

I authorize Portrait Dental to perform procedures and treatment as may be necessary and understand this treatment is for my immediate/specific problem, and should not be regarded as a complete examination. I authorize the Dentist to perform any emergency medical treatments necessary should I experience a medical emergency while at the office.

RESPONSIBILITY OF FEES FOR SERVICES RENDERED

I assume responsibility for fees associated with all services and authorize release of any information regarding my diagnosis or treatment to another Dentist. I understand that third party benefits may be different than discussed by our team, as they are not under the control of this office.

I understand that delinquent accounts left unpaid after 30 days will be subject to interest at a rate of 1.5% per month (18% per year), compounded monthly, and if my account is submitted to collections, I will be responsible for paying both the principal and interest stated above in addition to actual collections fees incurred.

I, _____ (*print Patient's full name*), consent to the collection, use and disclosure of my personal information, and to the terms of dental treatment, by Xing N. Wu Professional Corporation operating as Portrait Dental Edmonton as outlined above.

Patient (or Parent/Guardian) Signature _____ **Date** _____