

CONFIDENTIAL INFORMATION QUESTIONNAIRE

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PATIENT'S NAME			Last		First		Middle		DATE OF BIRTH		SEX
PATIENT'S ADDRESS			Street		Apt#		City		Prov.		Post. Code
HOME PHONE			Cell No.		Email:			OHIP No			
PATIENT'S/GUARDIAN'S EMPLOYER							WORK PHONE		OK TO CALL WORK <input type="checkbox"/> YES <input type="checkbox"/> NO		
WORK ADDRESS			STREET		CITY		Prov.		Post. Code		
SPOUSE'S NAME			Last		First		Middle		SPOUSE'S EMPLOYER		
SPOUSE'S WORK ADDRESS			STREET		CITY		Prov.		Post. Code		WORK PHONE
											OK TO CALL WORK <input type="checkbox"/> YES <input type="checkbox"/> NO
PERSON WE CAN CONTACT IN CASE OF AN EMERGENCY (OTHER THAN YOUR FAMILY HOME)											
Name			Relationship			Work #			Home #		
OTHER FAMILY MEMBERS THAT ARE PATIENTS HERE							WHO CAN WE THANK FOR REFERRING YOU TO OUR OFFICE				
INSURANCE COVERAGE		INSURANCE COMPANY Name									
<input type="checkbox"/> YES <input type="checkbox"/> NO		Address									
SUBSCRIBER'S NAME			PATIENT'S RELATIONSHIP TO SUBSCRIBER (Self, Spouse of Dependent)				SUBSCRIBER DATE OF BIRTH		Group/Policy/Plan Number		
I.D. Certificate			EMPLOYER (If different from above)				EMPLOYER ADDRESS				
SECONDARY COVERAGE		INSURANCE COMPANY Name									
<input type="checkbox"/> YES <input type="checkbox"/> NO		Address									
SUBSCRIBER'S NAME			PATIENT'S RELATIONSHIP TO SUBSCRIBER (Self, Spouse of Dependent)				SUBSCRIBER'S DATE OF BIRTH		Group/Policy/ Plan Number		
I.D. Certificate			EMPLOYER (If different from above)				EMPLOYER ADDRESS				

COLLECTION, USE, AND DISCLOSURE OF PERSONAL INFORMATION

We respect the privacy of our patients and maintain high standards regarding the confidentiality of the information that you provide us. The federal **Personal Information Protection and Electronic Documents** Act governs the collection, use, and disclosure of personal information by businesses in Ontario; this legislation became effective January 1, 2004. This Act requires that we (a) appoint a Privacy Information Officer (Dr. Fenn) (b) develop a Privacy Code, and (c) train the staff on privacy issues.

We collect and use personal information for the following purposes:

- 1- to assess your health needs and to provide safe, reliable, and personalized dental care
- 2. to make treatment recommendations and advise you of treatment options
- 3. to enable us to contact you regarding treatment, appointments, billings, and payment
- 4. to invoice for services, to process credit or debit card payments, to collect unpaid accounts
- 5. to complete and submit dental claims and estimates for third party adjudication and payment
- 6. to communicate with other health-care providers regarding your care
- 7. for teaching and demonstration purposes on an anonymous basis
- 8. to permit potential purchasers, practice brokers, or advisors to evaluate the dental practice
- 9. to comply with legal and regulatory requirements, or for defense of a legal issue.

All of this is consistent with the way we have always treated your personal information. If you have any questions, comments, or concerns regarding our Privacy Policy please discuss them with Dr. Fenn or any member of the staff.

Consent

I have reviewed the above information that explains how the office will use my personal information, and the steps the office is taking to protect my information.

I agree that Dr. Fenn can collect, use, and disclose personal information as set out above.

Signature

Print Name

Date

Signature of Witness