

Southside Dental Centre

(In accordance with the Privacy Act established January 1, 2004)

Please be advised that in accordance with the privacy act Southside Dental will strive to protect all of your personal information such as; medical history, address, phone number, credit card information, insurance information, marital status and dependents.

The issuing of confidential information will only relate within the “Circle of Care” namely, to communicate with other treating dentists and healthcare providers, including physicians, specialists and /or referring dentist.

To comply with legal and regulatory requirements as stated in The Dental Association Act which may include:

- Delivery of patient charts, x-rays and other materials to the Manitoba Dental Association for the purposes of reviewing patient complaints
- Preparation of materials for peer review as identified in The Dental Association Act
- To complete and submit dental claims to insurance companies for review and payment in their third party insurance plans
- To process payments for dental care and purchases from our office
- To assist in the collection of outstanding accounts
- To permit potential purchasers, practice brokers or advisors to evaluate the dental practice

All staff members who come in contact with your personal information are aware of the sensitive nature of the information that you have disclosed to us. They are all trained in the appropriate uses and protection of your information.

In the course of care and treatment, you are giving your informed consent to the collection, use and/or disclosure of your personal information for the purposes that are listed. If a new purpose arises for the use and/or disclosure of your personal information, we will seek your approval in advance.

Patient Right to Access Personal Information

Patients have a right to access their personal information collected by our dental office, to correct or amend any personal information which is identified as being incorrect, and to make inquires about the privacy of this dental office.

If you do have a concern and/or wish to inquire about our privacy parties, including asking questions about the contents or records, or to transfer your records to another office of choice, you must make your request in writing to our dental office privacy officer.

Permission to use Photos

I acknowledge and understand Southside Dentals Center’s adherence to the privacy policy. I am aware that Southside Dental Centre will be using my photos on their website www.greatsmile1.com and in a before and after photo album to be used for comparative purposes in the office. I am aware that my name and my face will not be associated with the photos. However a description of the course of treatment may be given.

Patient name: _____ Signature: _____

Date: _____

Witness: _____

Received by: _____

Privacy Officer: Mrs. Linda Stevens