BY THE LAKE
DENTAL®
Efficient and effective dental care

Dr. Patricia Khamis-Silva
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INFORMED CONSENT
For the collection, use and disclosure of personal information

We are committed to maintaining the accuracy, confidentially, and security of your personally identifiable information ("Personal Information"). As part of this commitment, our privacy policy governs our actions as they relate to the collection, use and disclosure of Personal Information. Our privacy policy is based upon the values set by the Canadian Standards Association's Model Code for the Protection of Personal Information and Canada's Personal Information Protection and Electronic Documents Act. All **By the Lake Dental** team members are trained in the appropriate uses and protection of your information.

By the Lake Dental will collect, use and disclose your information for the following reasons:

- Email consent for appointment reminders
- Newsletter, promotional material
- To offer and provide treatment, care and services in relationship to your dental care
- To communicate with other treating health-care providers, specialists and general dentists
- To allow us to maintain communication with you and to book and confirm appointments
- To allow us to efficiently follow-up for treatment, care and billing
- To comply with legal and regulatory requirements in a timely fashion, when required, according to the provisions of the Regulated Health Professions Act
- To deliver your charts and records to the dentist's benefits carrier to enable the benefits company to access liability and quantify damages
- To process credit card payments and to collect unpaid accounts
- To assist this office to comply with all regulatory requirements and the law

PATIENT CONSENT

I have reviewed the above information that explains how **By the Lake Dental** will use my personal information, and the steps our office is taking to protect my information. I agree that **By the Lake Dental** can collect, use and disclose personal information about me as set out above.

Print Name	Relationship to Patient	Signature	Date

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