

MAXWELL DENTAL

Personal Information Consent Form

We are committed to protecting the privacy of our patients' personal information and to utilizing all personal information in a responsible and professional manner. This document summarizes **some** of the personal information we collect use and disclose. In addition to the circumstances described in this form, we also collect, use and disclose personal information when permitted or required by law.

We collect information from our patients such as names, home addresses, home telephone numbers, work telephone numbers, mobile telephone numbers and e-mail addresses (collectively referred to as "Contact Information"). Contact Information is collected and used for the following purposes:

- To open and update patient files.
- To invoice patients for dental services, to process credit card payments or to collect unpaid accounts.
- To process claims for payment or reimbursement from third-party health benefit providers and insurance companies.
- To send reminders to patients concerning the need for further dental examination or treatment via email and text.
- To send patients informational material about our dental practice.

We provide our patients with the option to participate in our online and in office patient communication system. Some of the features include the ability to:

- Request appointment via electronic communication (email and/or text)
- Confirm appointments via email or text
- Receive email and/or Text Message appointment reminders
- Submit patient satisfaction surveys

You may opt-out of your communications at any time by giving written notice or clicking the unsubscribe link found in the footer of each email or by replying to a text message with "UNSUB". Standard Text Messaging rates apply.

Cell Phone: _____ Check here to opt in to Text Messages: _____

Email: _____ Check here to opt in to Email Messages: _____

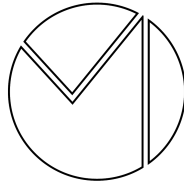
Please sign below that you agree to allow us to use this information in providing you services. This consent can be revoked at any time.

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.

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 dental treatment. (Collectively referred to as "Medical Information") Patient's Medical Information is collected and used for the purpose of diagnosing dental conditions and providing dental treatment.

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Patient's Medical Information is disclosed:

- To third party health benefit providers and insurance companies where the patient has submitted a claim for reimbursement or payment on all or part of the cost of dental treatment or has asked us to submit a claim on the patient's behalf.
- To other dentists and dental specialists, where we are seeking a second opinion and the patient has consented to us obtaining the second opinion.
- To other dentists and dental specialists if the patient, with their consent, has been referred by us to the other dentist or dental specialist for treatment.
- To other dentists and dental specialists where those dentists have asked us, with the consent of the patient, to provide a second opinion.
- To other health care professionals such as physicians if the patient, with their consent, has been referred by us to other health care professional for either a second opinion or treatment.

We use this information to provide you with excellent patient care. We may disclose Patient Health Information (PHI) to third parties that perform services for Maxwell Dental in the administration of your benefits in accordance with the HIPAA. These parties are required by law to sign a contract agreeing to protect the confidentiality of your PHI. Your PHI may be disclosed to an affiliate that performs services for Maxwell Dental administration of your benefits. Our affiliates do not sell, share or rent our users personally identifiable information unless required by law, do not send any email or other communications without user permission, and do not send spam. Your PHI is protected by Canada's Anti-Spam Law.

If we are ever considering selling all or part of our dental practice, qualified potential purchaser 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 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.

I consent to the collection, use and disclosure of my personal information as set out above.

Date: _____ **Signature:** _____