**APPENDIX IV**

**PRIVACY STATEMENT FOR PATIENTS & CONSENT FORM**

The privacy of our patient’s personal information is important to us. We are committed to collecting, using and disclosing personal information responsibly.

**PERSONAL INFORMATION**

Personal information for our purpose is; that information necessary for the provision of professional oral health care services provided to you, and information necessary to administer this dental practice. Personal information includes all that information provided by you to us on our patient information/health/medical history form at the first visit and any subsequent visits. Personal information may also include any information provided by you to us during the normal course of communication between patient and dental office staff. We will use and disclose only information provided to us by you or another person acting on your behalf.

**INFORMATION PROTECTION**

We are committed to protecting your personal information. We have established and implemented a variety of security measures to properly manage and safeguard your personal information a variety of security measures to properly manage and safeguard your personal information from loss, theft and unauthorized access. Access to your personal information shall be on a “need to know” basis.

**INFORMATION DISCLOSURE**

Your personal information shall be disclosed to only those who have a need to know and the specific information disclosed shall be restricted to only that information relevant to the recipients to need to know. Those who have a need to know include other dentist and health care providers (i.e. dental specialist, personal physicians). Further, the person information disclosed to dental benefits providers is limited to only that personal information required by the provider. You may at any time designated any restrictions as to whom we may disclose your personal information or restrict the content of a disclosure.

**INFORMATION RETENTION AND DESTRUCTION**

We will retain your personal information for the period necessary to continue providing oral health services to you, and for its related administration. We will destroy information in a secure manner when the information is no longer necessary for the provision of oral health services and is not required to be retained for compliance with provincial or federal regulations or statues.

**YOUR ACCESS TO YOUR RECORDS**

We are committed to providing you with open access to your personal information held by us. You may at any time ask us to see your records held by us and to request amendments to that information. We will provide access to you within a reasonable timeframe recognizing your desire for the information and our need to carry on our practice with limited interruption.

**COMPLAINT PRIOCESS**

Should you wish to make a formal complaint regarding our privacy practices, please do so in writing to our privacy manager, Mary Aucoin

**CONTACT**

Should you have any questions or comments or concerns, please bring them to our attention or to the attention of our privacy office manager, Mary Aucoin will be pleased to assist you.

Thank you,

Atlantic Oral Surgery & Facial Reconstruction Centres Date: August 15, 2016

Dr. Louis Bourget