





General Patient Consent Form

l agree that	[car
collect, use and disclose my personal infor	mation as described in this agr	eement.
The purpose of collecting personal info	ormation is to enable our of	fice to provide
appropriate dental care. Your personal info	ormation will not be collected,	, used, disclosed
or accessed except as provided for our pri	vacy code, in this consent form	n or required by
law. The specific ways in which our office v	will use and disclose your perso	onal information
are described in the attached Appendix A.		
I understand the information provided ab	ove, have reviewed Appendix	A and authorize
the dental/professional corporation noted	above to collect, use and discl	ose my persona
information as described.		
Signature:	Witness:	

Print Name: _____ Date: _____

Appendix A

Purposes for the use and disclosure of personal information

The personal information, which you provide to this dental office, will be used for the following purposes:

- To provide dental care which includes consultation with and referral to other health care providers on a need to know basis.
- To communicate with patients with respect to appointments, follow ups, further treatment options, and collection of unpaid accounts.
- Where necessary for purposes of dental or health care to contact other healthcare providers or other healthcare facilities.
- To submit dental claims for payment to third party payers (insurance companies or government agencies)
- For teaching purposes.
- For peer review.
- To comply with registration and licensing requirement of the New Brunswick Dental Society.
- To process credit card payments.
- For office management.
- To evaluate the financial worth of the dental practice.
- To conduct an audit in the event of a sale of the dental practice.
- To collect unpaid accounts.
- To comply with the law.

Consent is not required and personal information may be disclosed where necessary for the following purposes:

- To provide immediate care during a medical emergency.
- To prevent serious harm or injury to another person.
- To contact the relatives or next of kin of someone seriously ill.
- As required by law.