

# DR. SAMUEL Y. TOONG, D.D.S., M.Sc.

## ASLEEP FOR DENTISTRY, BURLINGTON

### **Privacy and Confidentiality Agreement**

Protecting your personal information is of the utmost importance. Therefore, we wish to explain the way we collect and use your information. We will obtain this information by way of your dentist and their staff, by questions and forms that are collected during your appointment, by telephone, and by mail. We will not collect any information by email or internet sites. We will collect, use and disclose information about you for the following purposes:

- To allow us to contact you or your child for the purpose of booking and confirming appointments.
- To advise you of your dental treatment options.
- To communicate with your other health care providers
- To comply with legal and regulatory requirements including the delivery of patients' charts and records to the Royal College of Dental Surgeons of Ontario in a timely fashion, when required, according to the provisions of the *Regulatory Health Professions Act*.
- To comply with agreements/undertakings entered into voluntarily by Dr. Samuel Toong with the Royal College of Dental Surgeons of Ontario, including the delivery and/or review of patients' charts and records to the College in a timely fashion for the regulatory and monitoring purposes
- To arrange documents for the Health Professionals Appeal and Review Board
- To process authorized credit card payments
- To collect unpaid fees
- To submit insurance claims on your behalf

At any time you may withdraw your consent for use and disclosure of your personal information. We will however, need to advise you of the repercussions of your decision and the process in doing so.

By signing this consent form you have given your informed consent to collect, use and disclose your personal information for only the purpose that were listed.

### **PATIENT CONSENT**

I have read the above information and understand how your office will use my personal information. I agree that Dr. Samuel Toong and staff can collect, use and disclose my personal information as stated above, according to the requirements of the Regulated Health Professions Act, the Royal College of Dental Surgeons and Privacy Legislation.

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Patient/Guardian Signature

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Printed

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Date

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Witness Signature