



Privacy Information

Our office understands the importance of protecting your personal information. This office will collect, use and disclose information about you for the following purposes:

- to enable us to contact and communicate with you
- to communicate and forward consultation reports and treatment progress to your family dentist
- to refer and consult with other specialists or health care professionals that may be involved with your treatment
- to allow us to efficiently follow-up for treatment, care and billing
- for teaching and demonstrating purposes using your full orthodontic records
- to complete and submit dental insurance claims and predeterminations to your insurance carrier. However we will not, under any circumstances, supply your insurer with your confidential medical history
- to permit potential purchasers, practice brokers or advisors to evaluate the dental practice
- to process credit card payments
- to comply with legal and regulatory requirements of the Royal College of Dental Surgeons according to the Regulated Health Professions Act including delivery of patients' charts to the College for regulatory, and monitoring purposes, and for defence of a legal issue
- to collect unpaid accounts

You may withdraw your consent for use or disclosure of your personal information, we will explain the ramifications of that decision and the process.

The Privacy information Officer in this office is DR. CHERIE N. NICOLUCCI

Patient Consent

I have reviewed the above information, and I agree that Dr. Cherie N. Nicolucci can collect, use and disclose personal information as set out above in the information about the office's privacy policies according to the requirements of the Regulated Health Professions Act, Royal College of Dental Surgeons and privacy legislations.

Signature of Patient / Parent or Guardian

Print Name

Date