

**PATIENT PRIVACY CONSENT FORM**  
**For Collection, Use and Disclosure of Personal Information**

**DR. ED HOBEN**

Privacy of your personal information is an essential part of our office providing you with quality care. We understand the importance of protecting your personal information. We are committed to collecting, using and disclosing your personal information responsibly. We also try to be as open and transparent as possible about the way we handle your personal information. It is important to us to provide this service to our patients.

In this office, the Privacy Information Officer is: **Dr. Ed Hoben**

All staff members who come in contact with your personal information are aware of the sensitive nature of the information that you have disclosed to us. They are all trained in the appropriate uses and protection of your information and are committed to ensuring that you receive the best quality care.

In this consent form, we have outlined what our office is doing to ensure that only necessary information is collected about you; that we only share your information with your consent; that storage, retention and destruction of your personal information complies with existing legislation, and privacy protocols; and that privacy protocols comply with privacy legislation, standards of our regulatory body and law.

**How Our Office Collects, Uses and Discloses Patient’s Personal Information**

Our office understands the importance of protecting your personal information. To help you understand how we are doing that, we have outlined below how our office is using and disclosing your information.

This office will collect, use and disclose information about you for the following purposes:

- to assess your health needs, advise of treatment options, and provide safe, continuous, efficient patient care and services
- to communicate with other treating health-care providers, including specialists and referring doctors
- to allow us to maintain communication and contact with you, to receive and distribute health-care information, book and confirm appointments, to invoice for goods and services, process payments and collect unpaid accounts
- to allow us to efficiently follow-up for treatment, care and billing
- for teaching and demonstrating purposes on an anonymous basis
- to complete and submit claims for third party adjudication and payment
- to comply with legal and regulatory requirements, including the delivery of patients’ charts and records to governing bodies in a timely fashion, when required, according to provision of the Regulated Health Professions Act
- to comply with agreements/undertakings entered into voluntarily by the member with governing bodies, including the delivery and/or review of patients’ charts and records in a timely fashion for regulatory and monitoring purposes
- to permit potential purchasers, practice brokers or advisors to evaluate the practice
- to allow potential purchasers, practice brokers or advisors to conduct an audit in preparation for a practice sale
- to deliver your charts and records to the office’s insurance carrier to enable the insurance company to assess liability and quantify damages, if any
- to prepare materials for the Health Professions Appeal and Review Board (HPARB)
- to assist this office to comply with all regulatory requirements

By signing the consent section of this Patient Consent Form, you have agreed that you have given your informed consent to the collection, use and/or disclosure of your personal information for the purposes that are listed. If a new purpose arises for the use and/or disclosure of your personal information, we will seek your approval in advance.

Your information may be accessed by regulatory authorities under the terms of the Regulated Health Professions Act (RHPA) and for the defence of a legal issue.

Our office will not under any conditions supply your insurer with your confidential medical history. In the event this kind of request is made, we will forward the information directly to you for review, and for your specific consent. When unusual requests are received, we will contact you for permission to release such information. We may also advise you if such a release is inappropriate.

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

**Patient Consent**

I have reviewed the above information that explains how your office will use my personal information, and the steps your office is taking to protect my information. I know that your office has a Privacy Code, and I may ask to see the Code at any time.

I agree that Dr. Ed Hoben can collect, use and disclose personal information about \_\_\_\_\_  
(Patient’s name)  
as set out above in the information about the office’s privacy policies.

Date \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Witness Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Print Name \_\_\_\_\_