



## **Patient Information**

**Dr. Aly Adatia D.D.S**  
400-655 Erb Street West  
Waterloo, Ontario  
N2J 3Z4

### **Personal Information**

Dr. Mr. Mrs. Ms. Miss.

Last Name:

First Name:

Date of birth:

Address:

City:

Postal Code:

Home Number:

Work Number:

Cell Number:

Email address:

Is it ok that we contact you at the above contact number(s)?

Yes

No

### **Financial Information**

Employer:

Person Responsible for Account:

Relationship:

Address:

Phone Number:

Do you have dental insurance

Yes

No

### **Primary Insurance**

Policy Holder:

Date of birth:

Name of insurance company:

Policy Number:

Certificate Number:

### **Secondary Insurance**

Policy Holder:

Date of birth:

Name of insurance company:

Policy Number:

Certificate Number:

In case of an emergency, whom should we contact?

Name:

Phone Number:

Whom may we thank for referring you?





**DR. ALY ADATIA  
PREVENTIVE DENTAL CARE  
PATIENT CONSENT FORM: FOR COLLECTION USE  
AND DISCLOSURE OF PERSONAL INFORMATION**

Privacy of your personal information is an important part of our office providing you with quality dental 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, Dr. Aly Adatia, acts as the Privacy Information Officer. 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. Attached to this consent form, we have outlined what our office is doing to ensure that:

- Only necessary information is collected about you;
- We only share your information with your consent;
- Storage, retention and destruction of your personal information complies with existing legislation, and privacy protection protocols;
- Our privacy protocols comply with privacy legislation, standards of our regulatory body, the Royal College of Dental Surgeons of Ontario, and the law.

Do not hesitate to discuss our policies with me or any members of our office staff. Please be assured that every staff person in our office is committed to ensuring that you receive the best quality dental care. Our office understands the importance of protecting your personal information. To help you understand how we are doing that, we have outlined here how our office is using and disclosing your information. This office will collect, use and disclose information about you for the following purposes:

- To deliver safe and efficient patient care
- To identify and to ensure continuous high quality service
- To assess your health needs
- To provide health care
- To advise you of treatment plans
- To enable us to contact you
- To establish and maintain communication with you
- To offer and provide treatment, care and services in relationship to the oral and maxillofacial complex and dental care generally
- To communicate with other treating health-care providers, including specialists and general dentists who are the referring dentists and/or peripheral dentists
- To allow us to maintain communication and contact with you to distribute health-care information and to book and confirm appointments
- 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 dental claims for third party adjudication and payment.

Patient Name: .....

Patient Signature: .....

Date: .....