



**NOTIFICATION OF COLLECTION OF DENTAL INFORMATION**

**TAKING CARE OF YOU AND YOUR DENTAL INFORMATION**

Our Dental Practice respects your confidentiality and privacy.

When you receive Dental Services from our Practice, we will collect individually identifying dental information in accordance with the provisions of the ADA & the Health Information Act.

We will collect this dental information directly from you, except in the limited circumstances where we are authorized under HIA to indirectly collect such information.

Our primary purpose in collection your dental information is to:

- . Provide diagnostic, treatment and care services to you
- . Determine or verify your eligibility for dental services
- . Bill your Dental Insurance Plan for our services if you have any

Our practice will only collect, use and disclose your information in accordance with the provisions of the HIA.

We will also protect your dental information from unauthorized access, use, disclosure, or destruction per the privacy provisions of this legislation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please list all family names:

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