

**JOSEPH HOWE FAMILY DENTISTRY  
PRIVACY & CONSENT FORM STATEMENT  
FEDERALLY LEGISLATED JANUARY 1, 2004**

**Personal Information**

“Personal information” for our purposes is that information necessary for the provision of professional oral health care services to you. This includes all information that is provided by you on our patient information/medical health history form at the first and subsequent visits. It may also include information provided by you during the normal course of communication with our dental office staff.

**Information Protection**

We have established and implemented a variety of security measures to properly manage and safeguard your personal information from loss, theft and unauthorized access.

**Information Disclosure**

Your personal information shall be disclosed to only those who have a need to know. These include dentists, physicians and dental benefit providers. Personal information disclosed to the dental benefit providers is limited to that required by the provider. You may at any time designate restrictions on disclosure.

**Information Retention and Destruction**

Personal information will be retained for the period necessary to provide oral health services to you and for its related administration. This information will be destroyed in a secure manner when it is no longer required.

**Your Access to Records**

You may at any time ask to see your records held by us and to request amendments to that information. We will provide access within a reasonable time frame.

**Compliant Process and Contact**

Should you have any questions, comments or concerns, please bring them to the attention of the privacy officer, Janet Nofall.

**Acknowledgement**

Having read and understood the privacy statement for patients, I consent to the collection, use and disclosure of any personal information as presented in the statement, subject to the restrictions identified below.

**No restrictions**

**Restricted Access**

My personal information shall not be provided to the following individuals or organizations:

---

Signature: \_\_\_\_\_

Date: \_\_\_\_\_