Sari Novack D.D.S.
Family and Cosmetic Dentist

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Protecting Your Oral Health While Respecting Your Right to Privacy

Our office understands the importance of protecting your personal information. An unspoken part of providing our patients with safe and effective dental care has always been protecting the privacy of their personal information.

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

- To deliver safe, effective and high quality dental/periodontal treatment
- To communicate on an ongoing basis with your related health care providers
- To allow us to efficiently conduct the business of dentistry
- To complete and submit dental claims and related information for third party adjudication and payment
- To comply with legal and regulatory requirements both provincially and nationally
- To permit potential practice consultants, advisors or purchasers to evaluate the practice.
- To deliver your charts and records to the dentist's insurance carrier to enable the insurance company to
  Assess liability and quantify damages, if any
- To process electronic payments
- To take those steps necessary to secure collection of accounts

You may withdraw your consent for use or disclosure of your personal information but in some instances this may render us unable to provide or continue providing dental and related services.

By signing this consent form, you agree to have given your informed consent to the collection, use and /or disclosure of your personal information for the purposes that are listed and explained. If a new purpose arises or an unusual request is received, we will seek your approval in advance for permission to release such information.

I have reviewed the above information that explains how Dr. Novack's office will use my personal information, and the steps his office is taking to protect my *Rights to Privacy*.

I know that your office has a Privacy Code and I can ask to see the Code at any time.
In this office, **Dr. Sari Novack** acts as the Privacy Information Officer.

_____   _____
Printed name   Signature

_____   _____
Date   Signature of witness