



Consent to Dental Photography at Parkland Dental Associates

What you need to know . . .

Photographs are an integral part of your health information collected during your dental appointment. Your health information is protected under the Health Information Act of Alberta (HIA).

Photographs may be used for the following purposes:

- diagnosing oral disease,
- planning and providing treatment and care,
- enhancing patient education and communication,
- verifying your eligibility for health services through insurance providers,
- providing information to dental specialists for consultation and / or referral,
- enhancing communication with dental laboratories,
- providing health services provider instruction, education, and self-evaluation.

Consent for photography to be used for personal health information

Name: _____ Date: _____

Consent for photographs to be used for marketing material (printed material, patient education, social media)

Name: _____ Date: _____

Except in special family or emergency circumstances or were required or authorized by law in Alberta or Canada, **we ask for your signed consent** before we disclose your health information to anyone not responsible for providing your treatment and care.

For more information, please ask at reception or call the practice Privacy Officer:

Victoria, Office Manager
Parkland Dental Associates (780) 963-2973
5301-50th St, Stony Plain



Your health information at Parkland Dental Associates

What you need to know . . .

Your health information is protected under the Health Information Act of Alberta (HIA).

We collect your health information for purposes authorized by section 20 of the HIA:

- providing treatment and care,
- verifying your eligibility for health services,
- conducting investigations or reviews,
- conducting research following ethics review,
- providing health services provider education,
- carrying out internal management, including obtaining and processing payment; or
- as expressly authorized by law in Alberta or Canada.

Consent to disclose

Except in special family or emergency circumstances or were required or authorized by law in Alberta or Canada, **we ask for your signed consent** before we disclose your health information to anyone not responsible for providing your treatment and care.

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