



Dr. Marvin Gretzinger

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Suite 204, 255 King Street N, Waterloo, Ontario, N2J 4V2

MEDICAL HISTORY

Name _____ Date of Birth _____

Physician _____ Physician's Address _____

Are you currently under medical care for any illness? _____

Please list any medication you are currently taking _____

Do you have any allergies? _____

Have you any of the following?

Rheumatic fever Yes No

Arthritis/Rheumatism..... Yes No

Diabetes..... Yes No

Heart Condition/Murmur.. Yes No

Epilepsy..... Yes No

Asthma..... Yes No

Radiation Therapy..... Yes No

Joint Replacement..... Yes No

Can you read this form? Yes No

High Blood Pressure..... Yes No

Tuberculosis..... Yes No

Jaundice..... Yes No

Kidney/Liver Disorder..... Yes No

Hepatitis..... Yes No

Cancer..... Yes No

Stroke..... Yes No

Hepatitis B..... Yes No

HIV / AIDS..... Yes No

Have you ever had an unusual reaction to any of the following drugs?

Aspirin..... Yes No

Penicillin..... Yes No

Iodine..... Yes No

Sulphur Drugs..... Yes No

Latex..... Yes No

Barbiturates..... Yes No

Local Anesthetic..... Yes No

Codeine..... Yes No

Other Medication..... Yes No

WOMEN - Are you pregnant at this time or using oral contraceptives?..... Yes No

Do you bleed excessively when cut?..... Yes No



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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 Gretzinger acts as the Privacy Information Officer. All staffmembers who come in contact with your 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 the 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 from you
- we only share information with your consent
- storage, retention, and destruction of your person information complies with existing legislation and privacy protection protocols
- our privacy protocols comply with privacy legislation, standards of our regulatory bodies, the Royal College of Dental Surgeons of Ontario, and the law

HOW OUR OFFICE COLLECTS, USES, AND DISCLOSES YOUR PERSONAL INFORMATION

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 options
- to enable us to contact you
- to establish and maintain communication with you
- to communicate with other treating health-care providers, including specialists and general dentists who are the referring dentists and I 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
- to complete and submit dental claims for third party adjunction and payment
- to comply with legal and regulatory requirements including the delivery of patients' charts and records to the Royal College of Dental Surgeons of Ontario in a timely fashion, when required, according to the provisions of the Regulated Health Professions Act



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- to comply with agreements I undertakings entered into voluntarily by the member with the Royal College of Dental Surgeons of Ontario, including the delivery and I or review of patients' charts and records to the college in a timely fashion for regulatory and monitoring purposes
- to allow potential purchasers, practice brokers, or advisors to conducts an audit in preparation
- of a practice sale
- to deliver your charts and records to the dentists' insurance carrier to enable the insurance company to assess liability and quantify damages, if any
- to prepare materials for the Health Professions Appeal and Review Board (HPARB)
- to invoice for goods and services
- to process credit card payments
- to collect unpaid accounts
- to assist the office to comply with regulatory requirements
- to comply generally with the law

By signing the consent section of the Patient Consent Form, you have agreed to have given your informed consent to the collection, use and / or disclosure of your personal information for the purposes that are listed. If a new purpose arises for the use and / or disclosure of your personal information, we will seek your approval in advance.

Your information may be accessed by regulatory authorities under the terms of the Regulated Health Professions Act (RHPA) for the purpose for the Royal College of Dental Surgeons of Ontario fulfilling its mandate under the RHPA, and for the defense of a legal issue. Our office will not under any conditions supply your insurer with your confidential medical history. In the event this kind of request is made, we will forward the information directly to you for review, and for your specific consent.

When unusual requests and received, we will contact you for permission to release such information. We may also advise you if such a release is inappropriate.

You may withdraw your consent for use or disclosure of your personal information, and the steps your office is taking to protect my information.

I know that your office has a Privacy Code, and I can ask to see the Code at any time

I agree that Dr Gretzinger may collect and disclose personal information about _____ as set out in this privacy policy.

Print Names (s)

Signature

Date

Signature of Witness