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PERSONAL INFORMATION CONSENT FORM

Quest Orthodontics is committed to protecting the privacy of our patients' personal information and to utilizing all personal information in a responsible and professional manner.

We collect information from our patients such as names, home addresses, phone numbers and emergency contact information. This information is used for the following purposes:

- Accessing and maintaining patient files;
- Processing of patient accounts;
- Claims submission to third party health benefit providers/insurance providers;
- Sending patient correspondence.

Contact information is disclosed to third party health providers and insurance companies where the patient has submitted a claim for reimbursement of costs related to orthodontic treatment, or where the patient has asked us to submit a claim or insurance pre-authorization on their behalf.

Financial information is collected for payment processing purposes. It is not shared with third parties without the patient's consent unless it is for collection purposes.

We collect information from our patients regarding health history, family health history, physical conditions, and dental treatments for the purpose of diagnosing orthodontic conditions and providing safe orthodontic treatment.

Patient's medical history is disclosed:

- To third party health benefit providers and insurance companies where the patient has submitted a claim for reimbursement of costs related to orthodontic treatment, or where the patient has requested us to submit a claim or insurance pre-authorization on the patient's behalf.
- To other health care professionals when we are requesting a second opinion and the patient has given their consent to do so.
- To other health care professionals when they ask us, with the consent of the patient, to provide a second opinion, diagnosis, or treatment.
- To release information for medical-legal reports as required by law.

Patient Signature: _____ Date: _____

Parent/Legal Guardian Signature: _____ Date: _____