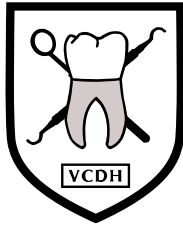


Vancouver CollegeTM
of Dental Hygiene^{Inc.}

Privacy Policy



Vancouver CollegeTM of Dental Hygiene^{Inc.}

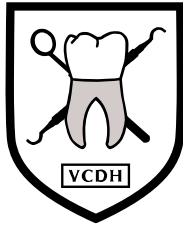
Privacy Officer

Privacy Officer for Vancouver College of Dental Hygiene Inc. (VCDH)

Dr. Boris Pulec, Dean of Students
3030 East Broadway
Vancouver, BC
V5M 1Z4
T: 604.215.7611
F: 604.215.7660

Privacy Officer Duties and Responsibilities:

- Ensure the organization complies with the Personal Information Protection Act (PIPA);
- Respond to requests for access to and correction of personal information and general issues concerning personal information,
- Work with the Information and Privacy Commissioner during the investigation of a privacy complaint against the organization;
- Oversee information-management practices, policies, and procedures with regard to personal information;
- Oversee staff training with regard to personal information;
- Oversee customer relations with regard to personal information;
- Oversee policies and procedures with regard to personal information;
- Oversee inquiry and complaint processes.
- Ensure everyone follows the **VCDH General Rules (i to ix)**.



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General Rules:

i) **Company Awareness:**

Everyone at the VCDH who handles personal information should have a general understanding of the protection of privacy principles and the objectives of the *Personal Information Protection Act* (PIPA). This will be available for review at the front desk, and clinic reception and in the faculty staff room. The Privacy Officer will provide assistance when a more detailed understanding of the organization's responsibilities is required.

ii) **Third-Party Contractors:**

The VCDH may from time-to-time use contractors or third parties to perform services that involve personal information. All such individuals or companies need to sign the **Third-Party Contractor Privacy Form (Section 3)**.

iii) **Complaint Process:**

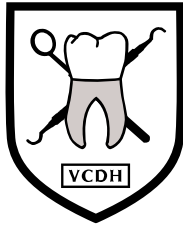
If there is a complaint made against VCDH or any of its employees, the Privacy Officer is to follow the **VCDH Complaint Handling Process (Section 2)** and use the **Privacy Complaint Form (Section 2A)**.

iv) **Client Files:**

All clients seen at the dental clinic need to read, understand, and sign the **Confidentiality Agreement Form (Section 4)**, found in the client chart. All client files are to be locked and stored in the dispensary area and only individuals who need them for educational purposes or those who are involved with client treatment can access these files.

v) **Student Files:**

All student files are kept under lock and key in the office of the Program Coordinator. The files may only be accessed by individuals requiring this information to perform their duties.



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vi) Verbal Communication:

All verbal communication that involves personal information should be done discreetly so other individuals cannot overhear the information. If there are sensitive or personal issues to be discussed they are to be done in a private area, such as an administration office, or board room.

vii) Communication With Parents or Representatives:

No information is to be given to anyone in any format, including but not limited to verbal, written, electronic without written authorization by the individual the information involves. When an individual asks to speak with anyone or requests information about anyone at the VCDH, including staff, faculty member, student, client, they must first produce a signed letter from that staff or faculty member, student, client giving VCDH permission to disseminate personal information to the individual. Students must fill out and sign the, **Permission to Discuss Issues Form (Section 5)**.

viii) Client Record Transfer:

Only clients can request their records be transferred to another individual or institution. Before any records are transferred the client needs to sign a **Transfer of Records Form (Section 6)**.

ix) Evaluation and Mark Postings:

All grades and evaluations are to be kept in a secure location allowing access to only the faculty and staff that require this information to perform their duties. The grades are not to be discussed with anyone outside the VCDH. All grades are posted under a secret code. If students suspect that others are aware of their secret code they may request a change.



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Section 2

VCDH Privacy Complaint Process

The *Personal Information Protection Act* (PIPA) requires organizations to have a process in place that individuals can use to make complaints about the organization's compliance with the Act. As well, PIPA permits the Information and Privacy Commissioner to refer an individual's complaint against an organization back to the organization if he is not satisfied that the individual attempted to first resolve the complaint with the organization.

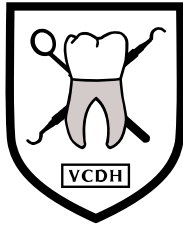
VCDH's goal is to:

- address complaint in a timely manner;
- identify and address systemic or ongoing compliance problems;
- increase consumer confidence in privacy procedures;
- demonstrate commitment to privacy and build the institution's reputation.

Process

Complaint should be submitted to:

Privacy Officer
Dr. Boris Pulec, Dean of Students
3030 East Broadway
Vancouver, BC
V5M 1Z4
T: 604.215.7611
F: 604.215.7660



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Complain must be submitted in writing:

The complainant must fill out the **Privacy Complaint Form. (Section 2A).**

Staff Responsibilities:

When a privacy complaint is received by the organization or any staff member, it should immediately be forwarded to the Privacy Officer.

Staff, upon request, should be able to inform an individual about how to submit a complaint to the institution. A complainant should also be informed of the right to complain to the **Information and Privacy Commissioner** if he or she is not satisfied with the institution's response to the complaint.

If any VCDH staff or faculty member receives a written complaint, he or she should record the date of receipt on the form and inform the individual that the complaint will be sent to the Privacy Officer, who will notify them when they have received it.

Privacy Officer Responsibilities:

When the complaint is received by the Privacy Officer, he or she will record the date of receipt on the complaint form.

The Privacy Officer acknowledges the receipt of the complaint to the complainant as soon as possible in writing.

The Privacy Officer contacts the individual to clarify the complaint, if necessary.

The Privacy Officer investigates all complaints received.

The Privacy Officer notifies the owners of the VCDH of any written complaint. A meeting will be held to ensure the complaint process is fair, impartial, and confidential. The complaint investigation will be assigned to a person with the skills necessary to conduct a fairly and impartial review.



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VCDH will give the investigator access to all relevant records, employees, or others who handled the personal information.

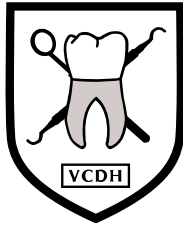
If the complaint is justified, VCDH will take appropriate measures to rectify the situation, including correcting information-handling practices and policies where necessary and communicating those changes to relevant staff.

The Privacy Officer will notify individuals of the investigation findings clearly and promptly, informing them of any relevant actions or outcomes.

The Privacy Officer must record all decisions to ensure consistency in applying the Act.

The Privacy Officer will verify that any required changes to policies, procedures, or practices have been instituted.

A file containing all relevant information and outcomes will be stored in the Dean's Office and locked in the file room.



Vancouver CollegeTM of Dental Hygiene^{Inc.}

(Section 2A)

Privacy Complaint Form

The Vancouver College of Dental Hygiene Inc. (VCDH) prides itself on being up to date in all aspects of business practice in the province of British Columbia, including our commitment to strict client confidentiality. To ensure consistency and accuracy in complaint communications, individuals must fill out the following form. If you need additional space or would like to add attachments, please do so.

First and Last Name: _____

Address: _____

If you prefer to receive correspondence at a different address, please list the address below.

Contact Phone Number(s) _____

Please describe the nature of the complaint. Try to make sure you have all the correct names of the individuals involved, as well as any relevant dates. Try to provide as much information as possible:



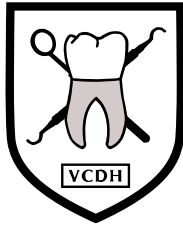
Vancouver CollegeTM of Dental Hygiene^{Inc.}

Signature _____ Date: _____

The date of the complaint received by the person representing VCDH

_____ By: _____

Please note that you are hereby informed of the right to complain to the Information and Privacy Commissioner if you are not satisfied with the institution's response to the complaint.



Vancouver CollegeTM of Dental Hygiene^{Inc.}

Section 3

Third Party Contractor Privacy Form

This schedule forms part of the agreement between Vancouver College of Dental Hygiene Inc. (the Organization) and

the (“Contractor”) respecting (the “Agreement”).

Purpose

1. The purpose of this schedule is to enable the Organization to comply with its statutory obligations under the Personal Information Protection Act with respect to “personal information,” as defined in Section 2 of this Schedule.

Definition of personal information

2. In this Schedule, “personal information” means information about an identifiable individual collected or created by the Contractor as a result of the Agreement or any previous agreement between the Organization and the Contractor dealing with the same subject matter as the Agreement.

Collection of personal information

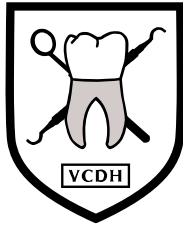
3. Unless the Agreement otherwise specifies or the Organization otherwise directs in writing, the Contractor may only collect or create personal information that is necessary for the performance of the Contractor’s obligations, or the exercise of the Contractor’s rights, under the Agreement.

4. Unless the Agreement otherwise specifies or the Organization otherwise directs in writing, the Contractor must collect personal information directly from the individual the information is about.

5. Unless the Agreement otherwise specifies or the Organization otherwise directs in writing, the Contractor must tell an individual from whom the Contractor collects personal information:

(a) the purpose for collecting it; and

(b) on request by the individual, the position name or title and the contact information of the person designated by the Organization to answer questions about the Contractor’s collection of personal information.



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6. Unless the Agreement otherwise specifies or the Organization otherwise directs in writing, the Contractor must not collect, use, or disclose personal information about an individual without the consent of the individual to whom the information relates.

Withdrawal of consent

7. If an individual provides reasonable notice to the Contractor that the individual withdraws consent to the collection, use, or disclosure of the individual's personal information, the Contractor must inform the individual of the likely consequences to the individual, if any, of withdrawing consent.

8. The Contractor must not prohibit an individual from withdrawing consent to the collection, use, or disclosure of the individual's personal information, unless the withdrawal of consent would frustrate the performance of a legal obligation.

9. If an individual withdraws consent to the collection, use, or disclosure of the individual's personal information, the Contractor must stop the collection, use, or disclosure of the individual's personal information (unless it is permitted under the Act without consent).

Accuracy of personal information

10. The Contractor must make every reasonable effort to ensure the accuracy and completeness of any personal information it collects that is likely to be used by the Contractor or the Organization to make a decision that directly affects the individual the information is about or is likely to be disclosed to another party.

Access to personal information

11. If the Contractor receives a request for access to personal information from a person other than the Organization, the Contractor must promptly advise the person to make the request to the Organization, unless the Agreement expressly requires the Contractor to provide such access, and provide the name or title and contact information of an official of the Organization to whom such requests are to be made.

Correction of personal information

12. Within 5 business days of receiving a written direction from the Organization to correct or annotate any personal information, the Contractor must annotate or correct the information in accordance with the direction.



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13. When issuing a written direction, the Organization must advise the Contractor of the date the correction request was received by the Organization in order that the Contractor may comply.

14. Within 5 business days of correcting or annotating any personal information, the Contractor must provide the corrected information to any party to whom, within one year prior to the date the correction request was made to the Organization; the Contractor disclosed the information being corrected.

15. If the Contractor receives a request for correction of personal information from a person other than the Organization, the Contractor must promptly advise the person to make the request to the Organization unless the Agreement expressly requires the Contractor to make the correction or annotation and provide the name or title and contact information of an official of the Organization to whom such requests are to be made.

Protection of personal information

16. The Contractor must protect personal information by making reasonable security arrangements against such risks as unauthorized access, collection, use, disclosure, copying, modification or disposal.

Retention of personal information

17. Unless the Agreement otherwise specifies, the Contractor must retain personal information until directed by the Organization in writing to dispose of it or deliver it as specified in the direction.

Use of personal information

18. Unless the Organization otherwise directs in writing, the Contractor may only use personal information for the performance of the Contractor's obligations or the exercise of the Contractor's rights, under the Agreement.

Disclosure of personal information

19. Unless the Organization otherwise directs in writing, the Contractor may only disclose personal information to any person other than the Organization if the disclosure is for the performance of the Contractor's obligations or the exercise of the Contractor's rights, under the Agreement.



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Inspection of personal information

20. In addition to any other rights of inspection the Organization may have under the Agreement or under statute, the Organization may, at any reasonable time and on reasonable notice to the Contractor, enter on the Contractor's premises to inspect any personal information in the possession of the Contractor or any of the Contractor's information-management policies or practices relevant to its management of personal information or its compliance with this Schedule, and the Contractor must permit, and provide reasonable assistance to, any such inspection.

Compliance with directions

21. The Contractor must comply with any direction given by the Organization under this Schedule

Signature _____ Date: _____



Vancouver CollegeTM

of Dental Hygiene^{Inc.}

Section 4

Confidentiality Agreement Form

FOR COLLECTION, USE, AND DISCLOSURE OF PERSONAL INFORMATION

Privacy of your personal information is an important part of our school, providing you with high-quality dental care. We understand the importance of protecting your personal information and 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 clients.

In this facility, **Dr. Boris Pulec** acts as the Privacy Information Officer.

All faculty, staff, and students who come in contact with your personal information are aware of the sensitive nature of the information you have disclosed to us. They are all trained in the appropriate use and protection of your information.

Attached to this Confidentiality Agreement Form, we have outlined what our facility is doing to ensure that:

- we collect only necessary information about you;
- we only share your information with your consent;
- storage, retention, and destruction of your personal information complies with existing legislation and privacy protection protocols;
- our privacy protocols comply with privacy legislation, the standards of two regulatory bodies (The College of Dental Surgeons of British Columbia and The College of Dental Hygienists of British Columbia), and the law.

Do not hesitate to discuss our policies with me or any member of our faculty. Please be assured that all faculty and students at the Vancouver College of Dental Hygiene Inc. are committed to ensuring that you receive the best quality dental care.

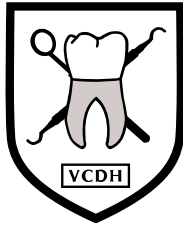


Vancouver CollegeTM of Dental Hygiene^{Inc.}

How Our Facility Collects, Uses, and Discloses Client's Personal Information

The Vancouver College of Dental Hygiene Inc. understands the importance of protecting your personal information. To help you understand how we are doing that, we have outlined how our school is using and disclosing your information. This facility will collect, use, and disclose information about you for the following purposes:

- To comply with legal and regulatory requirements determined by the Health Professions Act and the College of Dental Hygienists of British Columbia
- To deliver and/or review clients' charts to the appropriate regulatory bodies (CDHBC or CDSBC) that may be required in the process of Accreditation or evaluation of this facility or any of its courses
- To deliver safe and efficient client care
- To identify and to ensure continuous high-quality service
- To assess your health needs
- To advise you of treatment options
- To enable us to contact you
- To establish and maintain communication with you
- To offer and provide treatment, care, and services in relationship to the Dental Hygiene Care Plan and the Dental Hygiene Process of Care
- To communicate with other treating health care providers, including specialists and general dentists, who are the referring dentists and/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 followup for treatment, care, and billing
- For teaching and demonstrating purposes on an anonymous basis
- To complete and submit dental claims for third-party adjudication and payment
- To allow potential purchasers, practice brokers, or advisors to conduct an audit in preparation for a practice sale
- 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 collect unpaid accounts
- To assist this school in complying with all regulatory requirements
- To comply generally with the law
- To allow us to efficiently communicate with you in regards to dental appointments, which may result in detailed messages left for you, indicating the date and time of your appointment



Vancouver CollegeTM of Dental Hygiene^{Inc.}

By signing the consent section of this Confidentiality Agreement Form, you have agreed that you have been 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 *Health Professions Act* (HPA) for the purposes of the College of Dental Surgeons of British Columbia and/or the College of Dental Hygienists of British Columbia, fulfilling its mandate under the HPA, and for the defense of a legal issue.

Our office will not under any conditions supply your insurer with your confidential medical health history. In the event this kind of request is made, we will forward the information directly to you for review for your specific consent.

When unusual requests are 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 we will explain the ramifications of that decision, as well as the process.

Client Consent

I have reviewed the above information that explains how the Vancouver College of Dental Hygiene Inc. will use my personal information and the steps your facility is taking to protect my information.

I know that your school has a Privacy Policy and that I can ask to see the Privacy Policy at any time.

I agree that **Dr. Boris Pulec and the Vancouver College of Dental Hygiene Inc.** can collect, use, and disclose personal information about me, _____, as set out above in the information about the office's privacy policies.

Print Name: _____ Signature: _____

Date: _____ Signature of Witness: _____

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Vancouver CollegeTM

of Dental Hygiene^{Inc.}

Consent for Treatment:

All clients are welcomed to be assessed at the Vancouver College of Dental Hygiene Inc. however some may not be accepted into our clinic based on extreme medical and or dental implications. The Vancouver College of Dental Hygiene Inc. reserves the right to refuse any client deemed not suitable. **Any client deemed unsuitable will be provided with the appropriate referrals to receive the care that they require.**

The treatment of the client may not begin immediately since clients are assigned to students at various times during the year corresponding with their competencies.

Payment will be discussed when the appointment is made, and it is required that payment be made at the time of the initial visit. The fee for dental hygiene services is currently set at \$27.

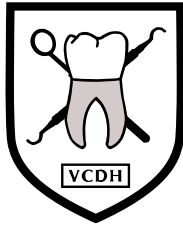
Clients who have dental insurance coverage, or are receiving social assistance should make this known at their first appointment. For those with dental insurance, it is the clients' responsibility to check with their provider to see if treatment will be covered. Payment for treatment must be made to the college and you will be provided with a receipt.

Clients must be willing to attend our clinic **at least once a week** at the times required by the student. These appointment times will fall on any weekday, and the clinic starting times may be as early as 8 am or as late as 5 pm. This does not mean that the client will be coming every week but must be willing to do so. Clients must be prepared to spend three (3) hours for every appointment and often 3-6 appointments may be necessary.

Appointments must be kept punctually. Forty eight (48) hours notice must be given of cancellation or change of appointment is necessary, as poor client attendance will result in dismissal from the clinic.

Children are not allowed in adult clinic areas with parents and are not allowed in waiting areas unattended. Parents of children receiving treatment must wait in the main reception lounge at all times.

Clients unable to speak English must be accompanied by an interpreter at every appointment.



Vancouver CollegeTM of Dental Hygiene^{Inc.}

Consent for Treatment

I have had the process of care explained to me as well as the cost involved and I hereby authorize the Vancouver College of Dental Hygiene Inc. to provide the dental assessments and planning I require as deemed necessary by that institution. This includes the taking of records, models, radiographs and photographs and/or audio visual material (which may be used for teaching purposes). I understand that further treatment beyond assessments will be presented at a later time and I will have the treatment explained to me so I may give informed consent. I also understand that this treatment will be done by qualified students only, as part of the learning process under the supervision of a qualified dentist and Registered Dental Hygienist.

I have read and understand the Clinic regulations printed above and agree to abide by them. Failure to do so may result in discontinuation of treatment/services. The Vancouver College of Dental Hygiene Inc. reserves the right to refuse any client deemed not suitable for teaching purposes.

Signature of Client: _____

(Parents or guardian must sign for dependants or clients under 18 years of age.)

Signature of Witness _____ Date _____



Vancouver CollegeTM

of Dental Hygiene^{Inc.}

Section 5

Permission to Discuss Issues Form

The Vancouver College of Dental Hygiene Inc. (VCDH) prides itself on being up to date in all aspects of business practice in the province of British Columbia. We strive to ensure strict client confidentiality. We do not give any information to anyone without the authorization of the individual.

First and Last Name: _____

Date of Birth: _____

Address _____

Contact Phone Number(s): _____

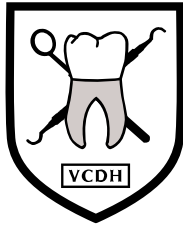
I hereby give the Vancouver College of Dental Hygiene Inc. (VCDH) the permission to speak with or provide written or electronic information about any information that is needed in the opinion of the VCDH to the following individual or organization:

Name _____

In regards to (Print Name): _____ Date: _____

Signature of person allowing information to be released: _____

Witnessed by _____ at _____ Date: _____



Vancouver CollegeTM

of Dental Hygiene^{Inc.}

Section 6

Transfer of Records Form

The Vancouver College of Dental Hygiene Inc. (VCDH) prides itself on being up to date in all aspects of business practice in the province of British Columbia. We strive to ensure strict client confidentiality. We do not give any information to anyone without the authorization of the individual.

I, (First and Last Name) _____

Date of Birth: _____

Address _____

Contact phone number(s): _____

Hereby give the Vancouver College of Dental Hygiene Inc. (VCDH) the permission to make a copy of any and all clinical records, including x-rays and send or give them to

Name: _____

Address: _____

Signature _____ Date: _____

Print Name: _____

Witnessed by _____ at _____ Date: _____