

PERSONAL DATA PROTECTION POLICY: NOTICE FOR CUSTOMERS

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Verbal or implied consent is deemed to be given when the patient is registered or queued at counter.

U DENTAL CENTER (UDC) is a group of clinics operated under the licenses of Taman U Dental Surgery Sdn. Bhd. (612418V). UDC and its branches will process your personal data as listed below which have/had been provided by you to UDC or any of UDC personnel. Your protected personal health information (i.e. Individually identifiable information) including

- Name; Gender, race, religion; National Registration Identification Card number/ passport number;
- Contact details including house phone number, mobile phone number, email address, home address and mailing address; and
- Face photographs, Intra-oral Photograph, radiograph, study model, medical/dental report (collectively hereinafter referred to as "the personal data").

We will process the personal data for the following purposes:

- to facilitate the provisioning of dental healthcare services;
- for the maintenance of customer database and customer service related processes;
- for insurance claim purposes;
- for billing and financial purposes, including payments for dental services (and all transactions related thereto), accounting and tax;
- for administrative purposes;
- to meet legal and statutory requirements;
- for contact purposes; to respond to your enquiries;
- research purposes including historical and statistical record keeping purposes;
- general operation and maintenance of the services provided by UDC;
- matching any data held by UDC or its branches relating to you from time to time;
- providing you with regular communications relating to the services provided by UDC; and
- investigating complaint and suspected suspicious transactions
- To contact you in order to provide appointment reminders or information about treatment alternatives or other health related benefits and services that may be of interest to you.
- To email your xrays, photos and treatment plan to your other doctors as needed.
- To leave messages or email you regarding upcoming appointments or optional recall reminders.
- CCTV footage (CCTV might be available except in the toilets) for security purposes.

This information is necessary to us. If you do not provide all the information as requested, we will not be able to keep complete information about you, thus affecting our capacity to accomplish the above stated purposes. All the information provided will be securely stored on the internet web server in which it will be password protected to ensure complete confidentiality.

DISCLOSURE OF YOUR INFORMATION

Personal data provided by you will generally be kept confidential but we may disclose the personal data to the following parties for the purposes stated above:

- our other branches providing services relating to the purposes for which the personal data is collected;
- third parties (including those located overseas) who provide data processing services;
- in circumstances where delay or default of payment has occurred, to our appointed lawyers, debt collection agencies, credit-reporting agencies; and
- any person who is under a duty of confidentiality who has undertaken to keep such data confidential.
- To other health care providers (i.e. your general dentist, oral surgeon, etc) in connection with our rendering orthodontic treatment to you (i.e. to determine the results of cleanings, surgery, etc.)
- To third party payors or spouses (i.e. insurance companies, employers with direct reimbursement, administrators of flexible spending accounts, etc.) in order to obtain payment of your account (i.e. to determine benefits, dates of payment, etc.)
- To certifying, licensing and accrediting bodies (i.e. the American Board of Orthodontics, state dental boards, etc.) in connection with obtaining certification, licensure or accreditation.
- Internally, to all staff members who have any role in your treatment.
- To your family and close friends involved in your treatment.
- CCTV footage might be used for internal training, investigation or as requested by the related authority.
- To other patients and third parties who may see or overhear incidental disclosures about your treatment, scheduling, etc.

We may also disclose the personal data if required to do so by law or in good faith, if such action is necessary to (i) comply with requirements of any law enforcement agency, court order or legal process; or (ii) protect and defend rights or property of UDC, its personnel and its branches.

DATA TRANSFER AND SHARING

Where we consider it necessary or appropriate for the purposes of data storage or processing, we may transfer your personal data to another branches under UDC, under conditions of confidentiality and similar levels of security safeguards. The security of the data is the duty of the storage providers and not UDC's, the duty of UDC is using a reasonable password.

ACCESS, CORRECTIONS AND COMPLAINTS

If you would like to make any enquiries or complaints or request access or correction of the personal data, you may contact our person-in-charge at Taman U Dental Surgery by calling at 07-521 1111 or faxing at 07-521 1111, from 9am to 5pm or you can email us at admin@gigi.my. Any request to access or correct the personal data may be subject to a fee and also to requirements under the Personal Data Protection Act 2010. Where you elect to limit our right to process the personal data, you may also contact us in writing. Any amendment and updates regarding the data protection notices and act will be posted on the web server. At the same time, a copy will be sent to all registered emails only.

Any other uses or disclosures of your protected health information will be made only after obtaining your written authorization, which you have the right to revoke. Your rights regarding your health information:

You may ask us to communicate with you in a confidential manner, ask to see or obtain photocopies of your health information (for a fee) and/or ask us to amend your health information if you feel that it is inaccurate or incomplete.

I have fully read and understood this Personal Data Protection Notice and by accepting the treatment or signing this, I acknowledge receipt of this notice and agree the contents therein.

Name :	Signature* :
I/C No :	Date :
*Acceptance of registration and /or examination is deemed to have read and agreed on the PERSONAL DATA PROTECTION POLICY .	