

**AUTHORIZATION AND CONFIDENTIALITY AGREEMENT**

Participation in the Patient Relations Program, through the Pennsylvania Dental Association (PDA) and its local committees, is purely voluntary in nature. It is believed the chances of reaching a mutually acceptable resolution are enhanced if the proceedings are conducted in a confidential manner and when there is no chance of disclosure of the proceedings at any later date. The committee members adhere to this principle of confidentiality and will not disclose the information obtained outside the confines of the procedure. In order for the committee to proceed, it is necessary to obtain a signed copy of this confidentiality agreement from both the patient and dentist to protect both of their interests. Further, in order to conduct a meaningful review, the committee will require access to the patient's dental records. As a result, the patient must authorize the treating dentist(s) to release the dental records to the committee and to discuss his/her treatment with the committee. The records, as with all other materials, will be kept confidential. **In the event either individual does not sign the agreement the matter will be closed.**

I HEREBY AGREE THAT ALL DOCUMENTS, DISCUSSIONS, FACTS AND EVENTS INVOLVED IN THE REVIEW TO BE CONDUCTED BY THE PATIENT RELATIONS COMMITTEE ARE CONFIDENTIAL AND WILL REMAIN CONFIDENTIAL AT ALL TIMES. I WILL NOT CAUSE OR AUTHORIZE THE DISCLOSURE OF ANY INFORMATION, FACTS OR DOCUMENTS THAT ARISE OUT OF THE COMMITTEE'S REVIEW. I UNDERSTAND AND AGREE THAT THIS CONFIDENTIALITY AGREEMENT IS TO BE INTERPRETED AS BROADLY AS POSSIBLE, IS IRREVOCABLE AND WILL PRECLUDE THE USE OR ADMISSIBILITY OF ANY INFORMATION, FACTS OR DOCUMENTS GENERATED THROUGH THIS REVIEW IN ANY ADMINISTRATIVE OR LEGAL PROCEEDING. IT IS RECOGNIZED THE SIGNING OF THIS DOCUMENT WILL NOT PREVENT EITHER PARTY FROM INITIATING ANY SUBSEQUENT PROCEDURE TO MEDIATE OR RESOLVE THIS DISPUTE BUT, INSTEAD, WILL MERELY PREVENT THE DISCLOSURE OR USE OF ANY OF THE INFORMATION, FACTS OR DOCUMENTS GENERATED THROUGH THE PATIENT RELATIONS COMMITTEE IN ANY SUCH SUBSEQUENT STEP.

I, the patient, hereby agree to this confidentiality provision and further authorize the dentist(s) to release my dental records and discuss the aspects of my treatment with the committee for purposes of the review of my complaint.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dentist Signature

\_\_\_\_\_  
Date