

the advice of a criminal defense lawyer or a civil litigation lawyer in these circumstances prior to releasing this information or for that matter speaking to the individual seeking it.

*We also ask permission to dialogue with other health professionals, insurance companies and we request permission to check our patient's credit through the Credit Bureau. Many times the request for financial disclosure is rejected. If the request for financial disclosure is rejected we simply ask for payment up front, in other words NO CREDIT. What are the legalities of actually checking someone's credit, do you need their approval? If we deny credit based on a person's refusal to sign a credit check are we at risk?*

Payment up front is the best way to proceed in these circumstances. Having the ability to be paid with a credit card at the time of treatment is also advisable.

To answer the trickier part of your question, it is not necessary to obtain consent to obtain "public information." An organization may disclose information without the knowledge or consent of the individual if it is for the purpose of collecting a debt

owed by the individual to the organization, see: Section 7(3) (b) PIPEDA. There is also an exception that applies in respect of an emergency that threatens life, health or security of the individual that requires disclosure in these circumstances.

The duty of confidentiality does not extend to prevent one health practitioner from disclosing confidential information about the patient to another health practitioner where consent has been provided by the patient or where permitted by law.

Express written consent to disclose information should be obtained under the relevant disclosure legislation. Health information is sensitive. Medical information and income or credit information can readily be defined as "sensitive" within the meaning of the legislation mentioned above.

You could be at risk if you deny credit in certain situations. You may be at risk if you refuse treatment in an emergency or critical health situation because of a refusal by the patient to agree to disclose credit information. I would recommend the treatment be provided in these circumstances so long as disclosure of all material information about the procedure is provided and the patient provides his or her informed consent. The question of payment should be secondary. It is appropriate to secure a written promise to pay such as a cheque, if possible in these circumstances. While it may not result in your future payment you may have the means to proceed against the patient both in a civil and criminal context in the future, if the cheque fails to clear.

This dialogue is intended to add to your understanding of risk management. Risk management is an area of practice which like emergency procedure needs to be looked at and reviewed. And not unlike emergencies a source of bona fide information must be readily available to help develop protocols and to aid in all matters legal. Placing proper resources and time to risk management is an exercise which will pay handsome dividends in the smooth operation of any practice. **OH**

*Bruce Glazer is the communications editor for the Canadian Dental Protective Association and the prosthodontic editor to the editorial board of Oral Health.*

*Robert Tighe is a litigation lawyer who has practiced law in the area of Health Law and Civil Litigation since 1979. He is one of the defence lawyers retained by the Canadian Dental Protective Association.*

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