PERSONAL DATA PROTECTION NOTICE FOR PATIENTS

THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED, AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

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 provided by you or our personnel. This includes your protected health information (i.e., individually identifiable information), such as:

❑ Name	❑ Contact details, including home and mobile phone numbers, email address, home address, and mailing address
❑ Gender, race, and religion	❑ Face photographs, intra-oral photographs, radiographs, study models, and medical/dental reports
❑ National Registration Identification Card number / Passport number	(Collectively referred to as "Personal Data").

By registering at our counter or queuing for services, you are deemed to have given your verbal or implied consent to the processing of your Personal Data as outlined in this notice.

PURPOSES OF PROCESSING

We will process your Personal Data for the following purposes:

❑ To facilitate the provisioning of dental healthcare services	❑ To match any data held by UDC or its branches relating to you from time to time
❑ To maintain customer databases and manage customer service-related processes	❑ To send you regular communications regarding UDC services
❑ To process insurance claims	❑ To investigate complaints and suspected suspicious transactions
❑ For billing and financial purposes, including payments for dental services, accounting, and tax-related matters	❑ To provide appointment reminders, treatment alternatives, or information about other health-related benefits and services that may interest you
❑ For administrative purposes	❑ To email your X-rays, photos, and treatment plan to your other doctors as necessary
❑ To comply with legal and statutory requirements	❑ To leave messages or emails regarding upcoming appointm
❑ To contact you and respond to your enquiries	❑ For security purposes via CCTV footage (CCTV may be in operation except in restrooms)ents or recall reminders
❑ For research purposes, including historical and statistical record-keeping	
❑ For the general operation and maintenance of services provided by UDC	

Your Personal Data is necessary for us to provide you with effective services. If you do not provide all the information requested, we may be unable to maintain complete records, which could affect our ability to fulfil the purposes stated above.

All information provided will be securely stored on internet web servers protected by passwords to ensure confidentiality.

DISCLOSURE OF YOUR INFORMATION

Your Personal Data will generally be kept confidential. However, we may disclose it to the following parties for the purposes stated above:

❑ Our other branches providing services related to the purposes for which the data is collected	❑ Certifying, licensing, and accrediting bodies (e.g., the American Board of Orthodontics, state dental boards) for certification, licensure, or accreditation purposes
❑ Third parties (including those located overseas) who provide data processing services	❑ Internally, to all staff members involved in your treatment
❑ Our appointed lawyers, debt collection agencies, or credit-reporting agencies in the event of delayed or defaulted payments	❑ Your family and close friends involved in your treatment
❑ Any person under a duty of confidentiality who has undertaken to keep such data secure	❑ Relevant authorities, or for internal training and investigation, as requested or permitted by law
❑ Other healthcare providers (e.g., your general dentist, oral surgeon) in connection with your orthodontic treatment	❑ Other patients and third parties who may see or overhear incidental disclosures regarding your treatment or scheduling
❑ Third-party payors or spouses (e.g., insurance companies, employers with direct reimbursement, administrators of flexible spending accounts) to obtain payment for your account	❑ We may also disclose your Personal Data if required by law or in good faith when such action is necessary to:
	❑ Comply with requirements of any law enforcement agency, court order, or legal process; or
	❑ Protect and defend the rights or property of UDC, its personnel, and its branches.

DATA TRANSFER AND SHARING

Where necessary or appropriate for data storage or processing, we may transfer your Personal Data to other branches under UDC. Such transfers are conducted under conditions of confidentiality and with similar levels of security safeguards.

Please note that the security of your data is the responsibility of the storage providers. UDC's obligation is limited to using reasonable password protection measures.

YOUR RIGHTS: ACCESS, CORRECTION, AND COMPLAINTS

You have the following rights regarding your Personal Data:

❑ Right to Access: You may request access to your Personal Data held by us.	❑ Right to Withdraw Consent: You may limit or withdraw your consent to the processing of your Personal Data, subject to legal or contractual restrictions.
❑ Right to Correct: You may request corrections if your Personal Data is inaccurate or incomplete.	❑ Right to Confidential Communication: You may request that we communicate with you in a confidential manner.

If you would like to make any enquiries, complaints, or requests to access or correct your Personal Data, please contact our person-in-charge at:

Phone: 07-521 1111 (9:00 AM – 5:00 PM) **Whatsapp:** 014-888900, **Email:** admin@gigi.my

Any request to access or correct Personal Data may be subject to a fee and to requirements under the Personal Data Protection Act 2010. Where you elect to limit our right to process your Personal Data, please contact us in writing.

Any amendments or updates regarding this notice will be posted on our web server. A copy will also be sent to all registered email addresses.

ADDITIONAL USES AND DISCLOSURES

Any other uses or disclosures of your protected health information will only be made after obtaining your written authorization. You have the right to revoke such authorization at any time.

ACKNOWLEDGEMENT AND CONSENT

I have fully read and understood this Personal Data Protection Notice. By accepting treatment or signing below, I acknowledge receipt of this notice and agree to its contents.

Name:	Signature*:
NRIC No.:	Date:
*Acceptance of registration and/or examination is deemed to indicate that you have read and agreed to the PERSONAL DATA PROTECTION POLICY.	