



Personal Information Usage & Disclosure Consent form

We strive to protect the privacy of our patients, their personal information and emphasize its utilization in a responsible and professional manner.

This document summarizes some of the personal information that we collect, use and disclose.

In addition to the circumstances described in this form, we also collect, use and disclose personal information when permitted or required by law.

CONTACT INFORMATION:

Full Name, home and work address; home, work & mobile telephone numbers, and e-mail addresses are collected from our patients.

This information is used to open, update and maintain patient's records, collect payments, produce invoice and Tax receipts.

This information is also used for Sending in documents for reimbursement from Insurance companies and third party health benefit providers and Sending in information, reminders, offers, post care instructions and other relevant materials for the benefit of the Dental health of our patient

FINANCIAL INFORMATION:

Financial information is collected to process electronic payments, send in claims for reimbursement from Insurance companies and other third part benefit providers towards the cost of treatment provided.

MEDICAL AND DENTAL INFORMATION:

Required health information is collected which includes Dental & Medical past and current history, family history and current health conditions which is used in diagnosing dental conditions to provide appropriate care.

Medical and Dental information may be disclosed to other dentist or providers and Insurance and third party providers after patients consent for referrals, second opinions and other relevant matters deemed required for the benefit and treatment of the condition.

Cancellations & Missed Appointments

When an appointment is booked a time period is reserved for you to see the Dentist and / or Dental Hygienist. A 48 hours' notice is required for your reserved time to be cancelled or rescheduled. This is to allow patients waiting to be brought into the time period reserved for you. A fee of \$50 will be applied for short notice cancellations and missed appointments.

I agree and consent for collection, usage and disclose my personal information as mentioned above.

Print Name _____ Signature _____ Date _____.