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CHILD NEW PATIENT

Child #1 Name	Alberta Health Care#	Date of Birth
Child #2 Name	Alberta Health Care#	Date of Birth
Child #3 Name	Alberta Health Care#	Date of Birth
Child #4 Name	Alberta Health Care#	Date of Birth
Child #5 Name	Alberta Health Care#	Date of Birth

Guardian's Name **Date of Birth**

Guardian's E-mail (we use this primarily to confirm your appointments)

Guardian's Address **Town** **Province** **Postal Code**

Guardian's Cell Number **Home number** **Work Number** (only if we can call you)

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YOUR PREFERRED METHOD OF CONTACT DURING BUSINESS HOURS

☐ Text ☐ Email ☐ Call my cell phone ☐ Call work ☐ Call home

HOW DID YOU HEAR ABOUT OUR OFFICE? (Please Check **ALL** that apply)

☐ Received Mail ☐ Email ☐ Yellow Pages ☐ Community Events ☐ Radio

☐ Facebook ☐ Google ☐ Movie Theatre ☐ Instagram ☐ The Sign

Also, is there anyone we can thank for referring you? _____

CONSENT FOR PROCEDURES

This is to certify that I, the undersigned, consent to the performing of the dental and oral surgery procedures on the above named children/dependants that are agreed to be necessary or advisable, including the use of local anaesthetic as indicated. I assume responsibility for fees associated for all of the above listed children/dependants and their associated procedures. I consent to the use of my mobile phone number and email address for Slave Lake Dental to text and email me appointment reminders, upcoming events, marketing pieces, sales, etc. I also consent to the use of any photographs taken of my children/dependants mouth and teeth to be used in promotional and/or educational materials.

Signature of Parent / Legal Guardian Date:

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YOUR FINANCIAL OPTIONS

In order to provide you with maximum flexibility in your payment options and ensure our commitment of "no financial surprises" for our patients please review the following options for payments and please **CHOOSE THE BEST OPTION FOR YOU** below:

☐ **OPTION 1** - Express Checkout

- **We will take payment from your insurance and you only pay what is left.**
- **You will authorize Slave Lake Dental to keep a credit card on file** and to issue a charge to your account for any balance of $200 or less that is still owed once your insurance portion is finalized. Your card will only be charged for treatment already completed.
- It may take up to 16 weeks to receive payment from your benefits and charge your credit card. Receipts will be mailed to you for your records.
- If on the day you receive treatment your insurance company is able to provide us with a finalized amount they will cover you will have the option to pay by cash or debit if you would prefer.

☐ **OPTION 2** - Fee for Service

- You will **pay in full at each appointment** for treatment and if you have dental benefits they will send payment directly to you.
- You will **never have to worry about having outstanding account balances**
- We will always send insurance claims on your behalf and help you with any submissions.

PATIENT SIGNATURE:_____ **DATE:** _____

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CREDIT CARD AUTHORIZATION FORM

***This form will be securely destroyed upon completion**

PATIENT AGREEMENT: Please complete the information below. It will be kept confidential and secure and will only be used under the agreed terms.

I agree to the FINANCIAL RESPONSIBILITY for the following account balance.

I, _____, authorize Slave Lake Dental to charge the credit card listed below for any balance owing upon their receipt of my insurance funds up to $200 per account for the account balance belonging to the following patients:

1. _____
2. _____
3. _____
4. _____
5. _____

Payment to be made by: Visa MasterCard

Credit Card # _____

Expiry Date: _____

CCV: _____

Name on the card: _____

Cardholder Signature: _____

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CHILD MEDICAL HISTORY

Child/Dependent's Name :_____

The following information is required to thoroughly diagnose and to give the highest possible standard of professional care.
ALL INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL.

1. Name of child/dependent's medical doctor if possible: _____
2. Has your child/dependent had a medical exam within the last year? YES or NO
3. Is your child/dependent under a doctor's ongoing care at the present time? YES or NO
   - If so, for what Problem? _____
4. Has your child/dependent been hospitalized or had a serious injury within the last 5 years? YES or NO
   - If so, for what Problem? _____
5. Is your child/dependent taking <u>any</u> drugs, vitamins or medications including oral contraceptives? YES or NO
   - If so, what? _____
6. Is your child/dependent allergic to or have they reacted adversely to any of the following drugs or medications? *<u>Please</u>* <u>CIRCLE</u>

Aspirin	Valium	Tetracycline	Percodan	Local Anaesthetic	Latex
Penicillin	Codeine	Erythromycin	Darvon	Nitrous Oxide	Sulfa

   - Other: _____
7. Has your child/dependent ever had any of the following diseases or problems? *<u>Please CIRCLE</u>*

Heart attack /Disease	Stroke	Lung (tuberculosis, emphysema)	Diabetes
Blood Pressure	Congenital Heart Lesions	Liver (hepatitis, jaundice)	Anemia
Kidney Disease	Rheumatic Fever	Gastrointestinal Problems (ulcers)	Allergies
Angina	Asthma	Endocrine Disorder (thyroid)	Pains in Chest
Arthritis	HIV/AIDS	Shortness of Breath	Epilepsy
Swollen Ankles	Cerebral Palsy	Multiple Sclerosis	Cancer

8. Has your child/dependent ever had abnormal bleeding associated with a previous extractions? YES or NO
9. Does your child/dependent bruise easily? YES or NO
10. Has your child/dependent ever been in a vehicle or sporting accident and suffered head, neck or facial trauma? YES or NO
11. Does your child/dependent have any disease or problem not mentioned above that you feel we should know about?
    - If so, what? _____
      _____

TO THE BEST OF MY KNOWLEDGE, THE ABOVE INFORMATION IS TRUE. Consent for Procedures: This is to certify that I, the parent/guardian consent to the performing of dental and oral surgery procedures agreed to be necessary or advisable, including the use of local anaesthetic as indicated. I assume responsibility for fees associated with those procedures. I also consent to the use of photographs taken of my child/dependent to be used in promotional and/or educational materials.

PARENT/GUARDIAN SIGNATURE:_____ DATE: _____

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Privacy Consent and Disclosure Letter

Dear Valued Patient

Thank you for trusting us to look after your oral health care needs. We consider it a privilege to care for you and we always work hard to maintain your trust and confidence. Part of maintaining your trust means ensuring you know about our practice and how we utilize and safeguard your personal health information.

A little bit about our practice

At Slave Lake Dental, all clinical dentistry services are performed by dental professionals in good standing with Alberta Dental Association and College. We partner with Slave Lake Health Services to provide administrative and clinical support services to our patients – allowing our dental professionals to focus on your oral health care needs. All clinical support services are provided under the clinical supervision and control of dental professionals.

Slave Lake Dental and Slave Lake Health Services are two separate business entities, each providing different services to you (clinical dentistry by one, and administrative and clinical support by the other). For ease of administration and payment, we may give you a single, joint invoice. We want you to know that one or more dental professionals at Slave Lake Dental may have a financial interest in Slave Lake Health Services. This type of business structure is common within the dental profession. We just thought you should know.

Attached you will find our office's privacy policy. By signing, you acknowledge that you have read and understood the information provided in the policy and that you consent to the practices it describes. Feel free to ask us any questions you might have.

Thank you very much for the privilege of assisting you with your oral health care needs. We look forward to caring for your smile.

Patient (Guardian) Signature: _____ **Date:** _____

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Consent to Use and Store Personal Health Information

At Slave Lake Dental we are committed to ensuring a professional, safe and trusted office environment. To provide you with optimized oral health care and excellent service we use, store and analyze certain personal health information that we (a) collect from you, (b) generate through diagnostic testing and treatment planning, or (c) receive from your other health care providers.

We will not collect, disclose, or use any of your information without your knowledge or consent. Only persons with a clinical (or related administrative) need to know a piece of information will be granted access to that information. In the same vein we embrace the principle that only the necessary amount of information shall be disclosed for any task or function. Our staff are trained on the importance of keeping your information safe, secure and confidential.

We have designated Julian Perez as our privacy officer. You can reach Julian Perez at julian.perez@dentalcorp.ca should you have any questions or concerns. We appreciate your feedback.

What information do we collect?

There are a few categories of information we normally collect. The first is personal information such as name, address, other contact information, insurance information, and financial/billing information, which may include credit card numbers and other such information. To the extent we collect credit card information, it is done in compliance with Payment Card Industry Data Security Standards (PCI DSS).

We also collect and generate personal health information including such things as:

- Medical history
- Medications
- Dental history
- Records of dental visits, recall exams and appointment scheduling
- Results of diagnosis and testing
- Study models, odontograms and impressions
- Treatment recommendations, treatment plans and progress notes
- Records of consent conversations and when appropriate, signed consent forms
- Referral/Specialists reports and recommendations

How do we use your information?

We believe it is important that you know how we use your information. To that end, we only collect, use and disclose information about you for the following purposes:

- To deliver safe and efficient patient care
- To ensure high-quality service
- To assess your health needs
- To advise you of treatment options
- To provide you with information about services offered at our clinic.
- To inform you of changes to our office policies or hours
- To establish and maintain communication with you, including to schedule and remind you of

- appointments.
- To enable us to contact you
- To communicate with other health care providers, including specialists and general dentists involved in your care
- To allow us to efficiently follow-up for treatment, care and billing
- For teaching and demonstrating purposes on an anonymous basis
- To complete and submit dental claims and estimates for third party adjudication and payment
- To comply with legal and regulatory requirements, including communication with the provincial dental regulator, privacy commissioner or any statutory review board as required under legislation
- To comply with a court order in the event of legal proceedings
- To invoice for goods and services
- To process credit card, cash and personal cheque payments
- To collect unpaid accounts
- To send you surveys relating to our business and services
- For internal management purposes, such as resource planning, policy development, quality assurance, and human resource management
- To comply with regulatory requirements and the law generally
- In the event that a decision to sell the practice is made:
    - To permit potential purchasers to evaluate the dental practice
    - To allow potential purchasers to conduct an audit in preparation for a sale

While the above list is rather long, we believe it better to be over-inclusive. Many of the items listed above are unlikely to apply to you.
Before personal information is used or disclosed for a purpose not previously identified, we will advise you of this new purpose or disclosure and will only proceed with your consent.

Electronic Communication

When we communicate with you, we may communicate via electronic means, such as e-mail or SMS text message. We strive to ensure that our Commercial Electronic Messages ("CEMs") are sent with consent, identifying information and unsubscribe mechanisms. We require all CEMs from our Office to be in compliance with privacy and anti-SPAM laws. If and when we communicate with you using CEMs, you can opt out of receiving such messages by following the "Unsubscribe" link included at the bottom of such messages or by contacting our office practice manager. Any questions or concerns with respect to CEMs from our Office may be addressed to terri77@me.com or 780-849-2233. If our Office inadvertently sends out a CEM without consent, we commit to investigating every such instance and assisting the employee(s) or managers involved with renewing their understanding and awareness of our compliance responsibilities.

How is your information stored and who has access to it?

Your information may be kept in physical form (files, models, etc.) in which case it is either guarded by staff or stored in a locked and secure file cabinet or safe. Digital information may be stored on encrypted file servers in secure/access-controlled locations. Digital information is password protected and stored on systems which save audit trails in the event unauthorized access must be investigated. Our systems are protected by industry standard IT security hardware and software measures.

We may enter into agreements with third-party providers specializing in data storage and protection. Sometimes that data is securely stored in the cloud, which may include locations outside of Canada. In those instances, only persons contractually obligated to secure and protect your data will be able to access that data. We will only enter into contractual agreements with providers which meet Canadian legal standards and requirements for storage and protection of personal health information.

We may also share aggregate and non-identifiable data with research institutions or third-party providers to advance oral health care. This is explicitly permitted by legislation as it poses minimal to no risk to patients but has the potential to greatly enhance health care effectiveness. We will only share such data with persons or providers who enter into the necessary agreements to keep information confidential and to safeguard and protect such data.

We work with experts to further protect your information

To meet the complex and every-changing requirements of dental practice and practice administration, we partner with experts to improve the heath care services we deliver and to administer our dental offices more effectively.

In addition to the independent duty of each health care provider to respect and safeguard your privacy rights, our dentists and health care providers partner with C.W.A. Young Professional Corporation which, among other things, is our designated corporate custodian for patient health information. Dentalcorp Health Services, ULC ("DHS") acts as our designated Information Manager in addition to providing technical services to our office.

As Information Manager, DHS utilizes best industry standards and technology along with a robust cybersecurity program to protect patient privacy and to ensure compliance with all local and federal laws.