

Aspen Dental Care

Personal Information Consent Form and Cancellation/ Rescheduling Policy

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We are committed to the privacy of our patients' personal information. This document summarizes some of the personal information that we collect and disclose. In addition to the circumstances described in this form we also collect and disclose personal information when required by law.

Information Collected

We collect information such as name, home/work address, home/work/mobile phone numbers as well as email addresses (collectively referred to as contact information) which are used for:

- Invoicing patients for dental services, processing credit card payments and collecting amounts owing
- Updating patient files
- Submitting and processing claims for payment or reimbursement from third party health benefit providers and insurance companies when a claim is submitted by patient or by ADC on behalf of patient
- Sending Reminders concerning the need for further dental examination or treatment
- Sending promotional material to current patients

Information Disclosed

Aspen Dental Care discloses information to:

- Third party health benefit providers and insurance companies where the patient has submitted a claim for reimbursement or payment of all or part of the cost of dental treatment or has asked us to submit a claim on patient's behalf
- To other dentists and dental specialist, where we are seeking a second opinion and the patient has consent us obtaining the second opinion.
- To other health care professionals such as physicians if the patient has been referred by a health care professional for a second opinion or treatment.

Dentists are regulated by the Alberta Dental Association and College, which may inspect our consent and interview as a part of its regulatory activities in the public interest. I consent to the collection, use and disclosure of my personal information as set out above.

Cancellation/Rescheduling Policy

~Our policy indicates that no shows, rescheduling and cancellations occurring **less than 48hrs prior to scheduled appointment is subject to a minimum charge of \$100.** Please be advised we will ALWAYS give you a reminder call 2 business days prior to your scheduled appointment to remind you of your appointment.

My signature below confirms that I have read and understand the above information.

Name: _____

Signature: _____

Date: _____