

Health Information Consent Form

Dental Hygiene Guelph

Updated January, 2019



Dental Hygiene Guelph

NOTE TO CLIENT: On behalf of Dental Hygiene Guelph, Charlane Stecjuk, RRDH (Contact Person / Privacy Officer), will ask for your informed consent. This means that we want you to understand the treatments we hope to provide to you, the cost involved, and what we do with personal information we obtain about you. If you have a question on any of this, please ask.

CONSENT FOR TREATMENT: I understand that Dental Hygiene Guelph provides the following treatments: Dental Hygiene Cleaning, Teeth Whitening; Oral Cancer Screening, Oral Health Evaluation; Oral Health Education; Stain Removal; Fluoride Treatments; Pit & Fissure Sealants; Sport guards. I understand that an explanation for all recommended treatments will be given to me beforehand including: the nature of the treatment, the reasons for the treatment, any risks or side effects of the treatment, alternatives to treatment. I understand that I may decline to receive treatments and may withdraw my prior consent.

CONSENT FOR THE COST OF OUR SERVICES: I understand that the unit rate will vary depending on the number of variables such as the duration and difficulty of the treatment. I understand that I have the right to request fewer units than Dental Hygiene Guelph recommends for the treatment with the understanding that this may impact the quality of the resulting treatment. Dental Hygiene Guelph will disclose all rates for all services and/or goods at my request.

CONSENT FOR PERSONAL INFORMATION: I understand that in order to provide dental hygiene treatments to me Dental Hygiene Guelph will collect personal information (e.g., address, phone number, age, health data, insurance information, etc.) about me. I have reviewed Dental Hygiene Guelph's Privacy Policy about the collection, use and disclosure of personal information, steps taken to protect the information and my right to review and correct my personal information. I understand how the Privacy Policy applies to me. I have been given a chance to ask questions about the Privacy Policy and they have been answered to my satisfaction.

I understand that only if I check off the following boxes will I receive the following:

- € I would like to receive notice when it is time to book another appointment.
- € I would like to receive newsletters and other informational mailings from Dental Hygiene Guelph.

I understand that, as explained in the Policies and Procedures for Personal Information, there are some rare exceptions to these commitments. I agree to Dental Hygiene Guelph collecting, using and disclosing personal information about me as set out above and in the Dental Hygiene Guelph's Privacy Policy.

PRINTED NAME*: _____

SIGNATURE: _____ DATE: _____

(*PRINT NAME if you are signing as the substitute decision maker for the above individual:

_____)

NOTES MADE BY Dental Hygiene Guelph
