



Health Consent Form

NOTE TO CLIENT: We want your informed consent. This means that we want you to understand the services 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 authorize the Registered Dental Hygienist to perform necessary diagnostic and dental hygiene treatments as required to achieve the proper level of care.

CONSENT FOR THE COST OF OUR SERVICES

I understand that I am financially responsible to Access Dental Care for the dental services provided even if my insurance coverage may not be all inclusive.

CONSENT FOR PERSONAL INFORMATION

I understand that to provide me with Registered Dental Hygiene goods and services, (i.e. dental hygiene treatment, mouthguards, teeth whitening etc.) Access Dental Care will collect some personal information about me (i.e. home telephone number, address, medical and dental histories).

I have reviewed the Access Dental Care's Privacy Policy about the collection, use and disclosure of personal information, steps taken to protect the information and my right to review my personal information. I understand how the Privacy Policy applies to me. I have been given a chance to ask any questions I have about the Privacy Policies 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 review whether I need new goods or services (i.e. appointment reminders).
- I would like to receive newsletters and other informational mailings from Access Dental Care (i.e. Birthday or Holiday Greeting cards/calendars etc.).
- I would like to receive notice of promotions and special offers from Access Dental Care.
- I would like to receive newsletters and other informational mailings and notice of promotions and special offers from other organizations that Access Dental Care thinks might be of interest to me.

I understand that, as explained in the Policies and Procedures for Personal Information, there are some rare exceptions to these commitments.

I agree to Access Dental Care collecting, using and disclosing personal information about me as set out above and in the Access Dental Care's Privacy Policy.

CLIENT

SIGNATURE: _____ DATE: _____

PRINTED NAME: _____

WITNESS

SIGNATURE: _____ DATE: _____

PRINTED NAME: _____

NOTES MADE BY Access Dental Care:
