

PATIENT INFORMATION	MEDICAL INFORMATION
---------------------	---------------------

Name: Mr/Mrs/Ms/Dr (circle)
 FIRST: _____ LAST: _____
 Preferred name: _____ Sex: M F
 D.O.B. (d/m/y) ____/____/_____
 Address: _____ Apt/Suite: _____
 City, Province: _____ Postal Code: _____
 Occupation: _____ Employer/School: _____
 Phone number (check box of preferred number):
 H (____) _____ W (____) _____
 Preferred time to call: Morning Afternoon Evening
 E-mail: _____
 Account responsibility: _____ Relationship: _____
 Whom may we thank for referring you? _____

Please fill in completely, check answer where applicable.
 Physician: _____
 Phone: _____
 Date of last medical examination: _____
 Are you under the regular care of a physician? Yes No
 If yes, please explain: _____

INSURANCE INFORMATION

Primary Insurance
 Insurance Company: _____ Policy #: _____
 Policy Holder: _____ D.O.B. (d/m/y): _____
 Relationship to Patient: _____
 Plan/Group #: _____ I.D. #: _____

Co-insurance
 Insurance Company: _____ Policy #: _____
 Policy Holder: _____ D.O.B. (d/m/y): _____
 Relationship to Patient: _____
 Plan/Group #: _____ I.D. #: _____

Have you ever had an injury, surgery, or radiation therapy to your head, face, jaws or neck?
 Yes No
 If yes, please explain: _____

 Please list all allergies: n/a

 Please list all medications and dosages you are currently taking or have taken in the past year: n/a
 (additional space on next page):

Do you currently, or have you ever had (please check all that apply):

- | | | |
|--|---|---|
| <input type="checkbox"/> Bowel disease | <input type="checkbox"/> Chest pain | <input type="checkbox"/> Swelling of Ankles |
| <input type="checkbox"/> Shortness of breath | <input type="checkbox"/> Pacemaker | <input type="checkbox"/> Heart murmur |
| <input type="checkbox"/> Abnormal blood pressure | <input type="checkbox"/> Stroke | <input type="checkbox"/> Kidney problems |
| <input type="checkbox"/> Ulcers | <input type="checkbox"/> Food intolerance | <input type="checkbox"/> Headaches |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Convulsions | <input type="checkbox"/> Tendency to Bruise or Bleed Easily |
| <input type="checkbox"/> Sinusitis | <input type="checkbox"/> Asthma/Bronchitis | <input type="checkbox"/> Liver Disease |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Sensory Dysfunction [sight/hearing/speech/smell] |
| <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Diabetes | <input type="checkbox"/> HIV |
| <input type="checkbox"/> Acid | <input type="checkbox"/> Reflux | <input type="checkbox"/> Chemical/Drug Dependency |
| <input type="checkbox"/> Pregnancy - months: _____ | <input type="checkbox"/> Birth control pill | <input type="checkbox"/> Sexually Transmitted Diseases |
| <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Joint Replacement | <input type="checkbox"/> ANY Condition Not Mentioned Above |
| <input type="checkbox"/> Eating Disorder | <input type="checkbox"/> Heart disease/damage | |

Please elaborate on any of the above:

OUR FINANCIAL POLICY

We Try to Keep You Smiling, Even When You Pay

Nobody likes to be surprised when it comes to costs. That's why we have established a policy of informing you of the costs associated with our services prior to starting the treatment. That way, you can make the decision that is best for you, and if necessary, discuss specific financial arrangements before we begin.

To make getting a beautiful smile as easy as possible, we offer several convenient payment methods from which to choose. These options are set out below.

Time and Method of Payment

Unless specific prior arrangements have been made, full payment is due at the time of service. We gladly accept payment in Cash, Cheque, Debit (Interac), Visa, MasterCard, and American Express.

We are happy to process your insurance claims to maximize your benefits. We are very experienced with dental insurance, and can certainly help you interpret your coverage. There are hundreds of varieties of insurance plans offered by dozens of companies, so it is sometimes necessary for you to contact your insurance company directly about specific questions.

Financing

As a service to our guests, we are pleased to offer Dental Card, the nation's leading dental and health care financing program. Upon request and approval, Dental Care offers a comprehensive range of plans with low minimum monthly payments that fit comfortably into every budget. They even offer interest free plans.

Application for financing can be done online at www.dentalcard.ca

Or you can apply via telephone, call 1-888-689-9876 and follow the prompts

Insurance is a Reason to Smile, but Don't Let it Determine Your Health

Some type of dental insurance covers many of our clients needs. These policies can vary widely in the amount and scope of coverage. Although most dental insurance plans do not cover procedures deemed purely cosmetic, in some cases, certain cosmetic procedures are also preventive and functional. These procedures may or not be covered by your insurance plan. To make the process as simple as possible for all of us, we have established the following policy.

Clients are expected to take full responsibility for the payment of our fees at the time treatment is rendered. We are connected to most insurance companies through a high-speed electronic connection, and submit you claim through our network. This allows you to receive your reimbursement as soon as possible, typically 5-7 business days.

At your request, we can also send off estimates to insurance to determine your coverage before we begin any treatment.

On occasion, your insurance company requires additional information to process an estimate or claim. This information can be in the form of additional x-rays, notes or letters of explanation. We do not charge a fee for supplying this additional information to your insurance company.

A Note About Our Fees

Every year the Ontario Dental Association publishes a Suggested Fee Guide. Our office follows the fees and codes outlined in the current edition of the Fee Guide. Our office does not "over charge" above these fees. However, due to the nature of some complex cosmetic makeovers, our fees may exceed the Fee Guide. Any deviations from the Fee Guide will be discussed and disclosed before treatment begins. It is our goal to ensure there are never any financial surprises for you.

I, _____ (*print name*) have read and understand the financial policies and options at Smileworx Dental. I have been given an opportunity to ask questions, and they have been answered to my satisfaction. My signature below signifies my agreement and understanding of the above statements and policies. I authorize Smileworx Dental to perform diagnostic procedures as may be required to determine necessary treatment. I assume all responsibility for the fees associated with my dental treatment and/or dental diagnostic procedures.

Patient's Signature

Date (DD/MM/YY)

BROKEN APPOINTMENT POLICY

Every morning, our team meets to discuss how we will provide each scheduled patient with our very best care. To provide this level of service, your appointment time is reserved exclusively for you.

Missed appointments and short-notice cancellations affect several people:

- You are not receiving your treatment in a timely manner (problems often worsen when treatment is delayed)
- Our Team, who has reserved the time and made preparations for your appointment
- Another Patient, who could have used your appointment time to complete their necessary treatment

For these reasons, a \$50 fee applies to all appointments cancelled, moved or missed with notification of less than 2 business days. Thank you for your understanding.

I, _____ (*print name*) have read and understand the Broken Appointment policy at Smileworx Dental. I have been given an opportunity to ask questions, and they have been answered to my satisfaction. My signature below signifies my agreement and understanding of the above statements and policies.

Patient's Signature

Date (DD/MM/YY)

PRIVACY POLICY

Privacy of your personal information is an important part of our office providing you with quality dental care. We understand the importance of protecting your personal information. We are committed to collecting, using and disclosing your personal information responsibly. We also try to be as open and transparent as possible about the way we handle your personal information. It is important to us to provide this service to our patients. In this office, Dr. James Younger acts as the Privacy Information Officer.

All staff members who come in contact with your personal information are aware of the sensitive nature of the information that you have disclosed to us. They are all trained in the appropriate uses and protection of your information. Attached to this consent form, we have outlined what our office is doing to ensure that:

- only necessary information is collected about you
- we only share your information with your consent
- storage, retention and destruction of your personal information complies with existing legislation, and privacy protection protocols
- our privacy protocols comply with privacy legislation, standards of our regulatory body, the Royal College of Dental Surgeons of Ontario, and the law.

Do not hesitate to discuss our policies with me or any member of our office staff. Please be assured that every staff person in our office is committed to ensuring that you receive the best quality dental care.

How Our Office Collects, Uses and Discloses Patients' Personal Information

Our office understands the importance of protecting your personal information. To help you understand how we are doing that, we have outlined here how our office is using and disclosing your information. This office will collect, use and disclose information about you for the following purposes:

- to deliver safe and efficient patient care
- to identify and to ensure continuous high quality service
- to assess your health needs
- to provide health care and to advise you of treatment options
- to enable us to contact you
- to offer and provide treatment, care and services in relationship to the oral and maxillofacial complex and dental care generally
- to communicate with other treating health-care providers, including specialists and general dentists who are the referring dentists and/or peripheral dentists
- to allow us to maintain communication and contact with you to distribute health-care information and to book and confirm appointments
- to allow us to efficiently follow-up for treatment, care and billing
- to complete and submit dental claims for third party adjudication and payment
- to comply with legal and regulatory requirements, including the delivery of patients' charts and records to the Royal College of Dental Surgeons of Ontario in a timely fashion, when required, according to the provisions of the Regulated Health Professions Act
- to comply with agreements/undertakings entered into voluntarily by the member with the Royal College of Dental Surgeons of Ontario, including the delivery and/or review of patients' charts and records to the College in a timely fashion for regulatory and monitoring purposes
- to permit potential purchasers, practice brokers or advisors to evaluate the dental practice
- to allow potential purchasers, practice brokers or advisors to conduct an audit in preparation for a practice sale
- to deliver your charts and records to the dentist's insurance carrier to enable the insurance company to assess liability and quantify damages, if any
- to prepare materials for the Health Professions Appeal and Review Board (HPARB)
- to invoice for goods and services
- to process credit card payments
- to collect unpaid accounts
- to assist this office to comply with all regulatory requirements and to comply generally with the law

PRIVACY POLICY (continued)

By signing the consent section of this Patient Consent Form, you have agreed that you have given your informed consent to the collection, use and/or disclosure of your personal information for the purposes that are listed. If a new purpose arises for the use and/or disclosure of your personal information, we will seek your approval in advance.

Your information may be accessed by regulatory authorities under the terms of the Regulated Health Professions Act (RHPA) for the purposes of the Royal College of Dental Surgeons of Ontario fulfilling its mandate under the RHPA, and for the defense of a legal issue.

Our office will not under any conditions supply your insurer with your confidential medical history. In the event this kind of a request is made, we will forward the information directly to you for review, and for your specific consent.

When unusual requests are received, we will contact you for permission to release such information. We may also advise you if such a release is inappropriate.

You may withdraw your consent for use or disclosure of your personal information, and we will explain the ramifications of that decision, and the process.

Personal Data Protection

Dental records are collections of sensitive personal patient information compiled to allow dentists and other dental health care providers to provide dental treatment, provide continuity of care and maintain optimal standards of care. Original dental records compiled by a dentist are the legal property of the dentist.

Patients have a legal right to examine and copy their records and to control the use and dissemination of the information contained in their records. Dentists require patients to provide complete, accurate and intimate health details in order to provide safe and effective treatment. Therefore, ownership of original dental records obligate the security and confidentiality of this information contained therein which may be developed only with the permission of the patient except when otherwise required by law.

Patients have the right to control disclosure of their dental records to others. Release of information must be informed; must be specific and for a one time event; must afford the patient an opportunity to review that information requested and being released prior to the transfer and with an opportunity to withdraw prior consent; must not be used for any purpose other than the primary and specific use requested; and must be with the patient's permission, preferably in writing.

Patients are entitled to receive dental care in a confidential setting free of third party intrusion. Release of patient information to third parties must adhere to the basic principles of confidentiality and patient rights outlined above with the intention of enabling patients to review any and all third party benefits to which they may be entitled. Patients may be unaware of the information third parties may have access to under broad based consents to release dental records and the scope of this information may exceed the needs of third party to determine benefits. It becomes the responsibility of the dentist and other dental health care providers to protect the confidentiality and privacy of their patients.

Where a third party (e.g. government agency, Canada Revenue Agency, dental association or insurance company) has received patient permission to use information from the patient's dental records for financial audits, all patient identity and unrelated information (e.g. health history, personal information) shall first be removed from the records. No third party can demand access to patient dental records (including financial records) except with specific patient consent in writing, by legal statute or by court order.

I, _____ (*print name*) have read and understand the Privacy Policy at Smileworx Dental. I have been given an opportunity to ask questions, and they have been answered to my satisfaction. My signature below signifies my agreement and understanding of the above statements and policies.

Patient's Signature

Date (DD/MM/YY)