GATEWAY PEDIATRIC DENTISTRY PERSONAL INFORMATION CONSENT

We are committed to protecting the privacy of our patient's personal information and to utilizing all personal information in a responsible and professional manner. This document summarizes some of the personal information that we collect, use, and disclose. In addition to the circumstances described in this form, we also collect, use, and disclose personal information where permitted or required by law.

We collect information from our patients such as names, home addresses, work addresses, home telephone numbers, work telephone numbers, and email addresses. (Collectively referred to as "Contact Information".) Contact information is collected and used for the following purposes:

- To open and update patient files.
- To invoice patients for dental services, to process credit card payments, or to collect unpaid accounts.
- To process claims for payment or reimbursement from third-party health benefit providers and insurance companies.
- To send reminders concerning the need for further dental examination, treatment and/or appointment confirmations.
- To send patients informational material about our dental practice.

Contact information is disclosed 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 the patient's behalf. Financial information may be collected in order to make arrangements for the payment of dental services.

We collect information from our patients about their health history, their family health history, physical condition, and dental treatments. (Collectively referred to as "Medical Information"). Medical Information is collected and used for the purpose of diagnosing dental conditions and providing dental treatment.

Medical Information is disclosed:

- 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 the patient's behalf.
- To other dentists and dental specialists, where we are seeking a second opinion.
- To other dentists and dental specialists if the patient has been referred by us for treatment.
- To other dentists and dental specialists where those dentists have asked us to provide a second opinion.
- To other health care professionals such as physicians if the patient has been referred by us for a second opinion or treatment.

If we are ever considering selling all or part of our dental practice, qualified potential purchasers may be granted to patient information in order to verify information important to the potential sale access as part of the due diligence process. If this occurs, we will take steps to ensure that the prospective purchaser safeguards all personal information.

Dentists are regulated by the Alberta Dental Association and College, which may inspect our records and interview our staff as part of its regulatory responsibilities in the public interest.

To comply with the Canadian Anti-Spam Legislation in effect as of July 1, 2014, our dental office would like to have your express consent to continue communicating with you and providing you with important information from us. We are committed to never sending spam emails, and our privacy policy will always protect your electronic information. We do send information and/or communication via email and text for our patients' convenience. If you decide to opt in and continue receiving emails, you may withdraw your consent at any time.

____ YES, I give consent to receive communication and appointment confirmations via email and/or text.
____ NO, I do not give consent. I prefer to receive telephone confirmations.

I consent to the collection, use, and disclosure of my personal information as outlined above.

Parent/Legal Guardian: _____ Date: _____

Patient Name: _____

GATEWAY PEDIATRIC DENTISTRY OFFICE POLICIES

We would like to take this opportunity to welcome you to our practice and thank you for choosing our office to provide dental care for your child. We value our relationship with you and believe that the best relationships are based on understanding. If you have any questions or concerns, please feel free to ask any member of our staff.

Payment

We do not direct bill private insurance. Payment is due for the balance of all treatment completed on the day the service is rendered. We accept MasterCard, Visa, Interact/debit, E-transfer and Cash. We do not accept personal checks.

Dental Insurance

As a courtesy to you, our staff will complete the dental portion of the insurance claim form and submit to your insurance for your reimbursement. To expedite processing, please ensure you provide our office with any changes in insurance coverage, address, and phone numbers.

Please be advised that dental insurance or benefits are a contract between you, your employer and your insurance company. Under the Privacy Act, the majority of insurance companies will not provide our office with any details regarding your coverage. We cannot influence how much of our fees your insurance will cover. Your insurance benefits are determined by your individual policy and carrier. Our objective as dental health care providers is to diagnose any treatment required according to each patient's particular needs. We do not know if your insurance will cover the treatment we diagnose, as this is only outlined in your policy handbook. You will be responsible for fees incurred and balances not covered by your insurance.

Nitrous oxide, conscious oral sedation, general anesthesia, and appliances are not always covered by dental or medical insurance.

If you require a predetermination, we will provide a treatment plan for review by the third-party payer. However, please remember that the financial obligation for treatment is between you and this office. The third-party payer is responsible to you and not this office. Please be advised however, that a response from your insurance company may take four to six weeks to obtain.

Late or Missed Appointments

The time booked for your appointment has been reserved for you. We will contact you prior to your appointment to confirm the date and time. In consideration of our staff and other patients, **we require at least 24 hours or one business day notice on all cancellations or rescheduling of appointments**.

We look forward to providing you with excellent dental care. If you have any questions or concerns, please feel free to ask any of our staff.

Sincerely,

Drs. Richard Graham, Brian Lam, Adam Palmer, Maria Ray, Simrit Nijjar, Arash Goshtasby and Jessica Holownia

I ACCEPT AND UNDERSTAND THE ABOVE POLICIES AND AGREE TO ABIDE BY THEM.

Parent/ Legal Guardian Signature_____ Date: _____

Patient Name_____