



Collection, Use, and Disclosure of Personal Information

Privacy of your personal information is an important part of our office providing you with quality dental care. We are committed to collecting, using and disclosing your personal information responsibly. We also try to be as open and transparent about the way we handle your personal information. All team members are trained in the appropriate uses and protection of your information. **Please, do not hesitate to discuss our policies with any member of our team.**

Blue Quill Dental Centre will collect, use, and disclose information about you for the following purposes:

- to offer and provide treatment, care and services in relationship to dental care
- to communicate with other treating health care providers, including specialists, general dentists and physicians
- to allow us to maintain communication and contact with you (ie. book and confirm appointments)
- to allow us to efficiently follow up for treatment, care and billing
- to comply with legal and regulatory requirements when required
- to invoice for dental services, process credit card payments and collect unpaid accounts
- to process claims from insurance companies and third party health benefit providers

We collect information about medical health history for the purpose of aiding us to provide optimal dental treatment.

Your dental care is directly tied to your overall well-being, and medical information may be disclosed to:

- other dentists and dental specialists for treatment or second opinions
- other health care professionals, such as physicians, as needed
- insurance companies and third party health benefit providers

In addition, dentists are regulated by the Alberta Dental Association, which may inspect Blue Quill Dental Centre records and interview staff as part of its regulatory activities.

I have reviewed the above information, and consent to the collection and use my personal information as set out above.

Name: _____ Signature: _____ Date: _____



Financial Policy

At Blue Quill Dental Centre, we provide caring dentistry for you and your family. Your dental health is our priority, and it is important for all patients to review and understand our office policies.

For patients with insurance, we offer the option to bill directly to your insurance policy up to a maximum of two insurers. When your claim is sent, usually we will receive an explanation of benefits from the insurance carrier indicating your co-payment, which we expect to be paid **on the day of the service provided**. If an explanation of benefits is not available on the date of service, we offer the following options: 1) leaving us a credit card number in our secured storage to be charged when the payment statement is sent to us, or 2) payment to us in full and the clinic will assign the insurance payment to the patient. Patients without insurance are also expected to pay for service on the date it is provided.

For your convenience, we accept cash, credit cards (Visa and Mastercard), debit and E-transfer. Outstanding accounts beyond 30 days may be sent to a collections agency.

Please be aware that dental insurance is a contract between you or your employer and the insurer. It is your responsibility to understand your benefits and dental coverage, including your yearly maximum and to ensure that the policy is in effect for the date of service. However, we can assist in sending pre-determinations to determine coverage amounts. **Please do not hesitate to request an estimate for your treatment. Financing and payment plans may be arranged if necessary.**

Changes to Appointments

When you book an appointment, we have reserved that time specifically for you to see the dentist or hygienist. As such, we require two business days' notice for any changes to appointments. Short notice changes and missed appointments may result in a \$50 charge per appointment.

Please ensure that your contact information on file is kept up-to-date. If we are unable to confirm your scheduled appointment with you, we reserve the right to release the time to another patient.

I have reviewed and understand the Blue Quill Dental Centre office policies above, and hereby agree to abide to them.

Name: _____ Signature: _____ Date: _____



Email and Text Messaging Program Patient Information Form

We provide our patients the option to participate in our online patient communication system.

Some of the system features allow you the ability to:

- Request appointments via email
- Confirm appointments via email
- Receive text message appointment reminders
- Submit patient satisfaction surveys
- Refer your friends online
- View clinic announcements such as holiday and unexpected closures

You may opt-out of your communications at any time by clicking the unsubscribe link found in the footer of each email, or by following text message prompts to unsubscribe. Standard text messaging rates apply.

Opt in to text messages

Opt in to email

Blue Quill Dental Centre may disclose Patient Health Information (PHI) to third parties that perform services for this practice in the administration of your benefits in accordance with the Privacy Act. These parties are required by law to sign a contract agreeing to protect the confidentiality of your PHI. Your PHI may be disclosed to an affiliate that performs specialty services for dentistry in the administration of your benefits. Our affiliates do not sell, share or rent our users' personally identifiable information unless required by law, do not send any e-mail or other communications without user permission, and do not send spam.

Please sign below to indicate that you agree to allow us to use this information in providing you services.

Name: _____ Signature: _____ Date: _____