

PERSONAL INFORMATION

Surname	Given Name	Preferred Name	Title
			<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.

EMERGENCY CONTACT

Name	Relationship	Cell Phone #	Other Phone #

CANCELLATION POLICY

Appointment times have been reserved especially for you, and any change in the schedule can affect many people. If you are unable to keep your reserved appointment, we ask that you contact us with two business days notice to allow us to offer this appointment to another client. We understand that emergencies can occur that may prevent you from attending your appointment and ask that you contact us as soon as possible. _____ (please initial)

FEEES AND CREDIT CARD AUTHORIZATION

Card Number	Expiry Date	Security Code	Signature

I understand that I am fully responsible for the total fee at the time of service payable by Cash, Debit, Visa or Mastercard, unless I have assigned the insurance payment amount to Strembiski Dental. I authorize the use of the above credit card on file for the payment of any patient portion or other outstanding balances.

Name	Date	Signature

ELECTRONIC CLAIM AUTHORIZATION

I understand that Strembiski Dental (Neil Strembiski Professional Corporation) has invested in the technology to submit my claims electronically and I authorize release, to my dental benefit carrier, information contained in claims submitted electronically.

Name	Date	Signature

PERSONAL INFORMATION PATIENT CONSENT FORM

We are committed to protecting the privacy of our patients' personal information and to utilizing all personal information in a responsible and professional manner. This document summarizes some of the 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 when 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 e-mail 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 to patients concerning the need for further dental examination or treatment.
- 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 is collected for payment processing purposes. It is not shared with third parties without your consent, unless permitted by law for outstanding bill collection purposes.

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") Patients' Medical Information is collected and used for the purpose of diagnosing dental conditions and providing dental treatment.

Patients' 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.
- With the consent of the patient, to other dentists and dental specialists, or to other health care professionals.
- If we are ever considering selling all or part of our dental practice, qualified potential purchasers may be granted access as part of the due diligence process to patient information in order to verify information important to the potential sale. 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 activities in the public interest.

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

Name

Date

Signature