



120-350 Palladium Drive
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Patient Consent Form (for collection, use and disclosure of personal information)

Privacy of your personal information is an important part of our office as well as 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. Andrea Stevens acts as the Privacy Information Officer.

All team 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 (RCDSO), and the law.

Do not hesitate to discuss our policies with me or any member of the team.

Please be assured that every team member in our office is committed to ensuring that you receive the best quality dental care.

How Our Office Collects, Uses and Discloses Patient's Personal Information

Our office understands the importance of protecting your personal information. To help you understand how we are doing that, we have outlines 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
- identify and to ensure continuous high quality service
- assess your health needs
- advise you of treatment options
- enable us to contact you, and maintain communication, book and confirm appointments
- offer and provide treatment, care and services in relationship to your oral and dental care
- communicate with other health care providers regarding your treatment
- allow efficient follow-up for treatment, care and billing



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- teaching, demonstrating purposes on an anonymous basis only
- complete and submit dental insurance claims
- comply with agreements/undertakings entered into voluntarily by the member with the RCDSO, including the delivery and/or review of patients; charts and records to the College in a timely fashion for regulatory and monitoring purposes
- follow within the provisions of the Regulated Health Professions Act (RHPA)
- evaluations of the practice to potential purchasers, brokers or advisors
- prepare materials for the Health Professions Appeal and Review Board (HPARB)
- invoice for goods and services
- process credit card payments
- collect unpaid accounts
- comply generally with the law

The team at Dr. Andrea Stevens Dentistry will always try their best to confirm and remind you of your appointments via email or telephone. It is always your responsibility as a patient to remember, confirm and attend your scheduled appointments. Any changes or cancellations must be made by phone call at least 48 hours prior to your appointment. Dr. Stevens team takes home a cell phone after hours and weekends. If you change or cancel an appointment, Dr. Stevens may decide to charge you a fee. This fee will be a portion of the expected expense. Furthermore, if cancellations become troublesome—Dr. Stevens may require a credit card to book future appointments. The team at Dr. Andrea Stevens Dentistry works very hard to keep a well-organized schedule allowing us to be on time and time to give our patients the care they deserve, please meet us with that same appreciation.

Financial and Insurance Policies

We are proud to offer the highest level of care to all of our patients. In order to maintain this, we have established the following financial policies:

Payment is expected at the time of or before services is rendered. Alternate payment schedules for orthodontic treatment are to be arranged with the Treatment Coordinator. We accept cash, cheque, Interac, Visa, and Mastercard.

Fees

The Ontario Dental Association (ODA) issues a suggested fee guide for dental services annually. This suggested fee guide helps dentists determine their fees. Dentists may use this guide to formulate fees for their dental services and once fees are established, all patients will be charged this fee—regardless of whether or not the patient has a dental insurance plan. At Dr. Andrea Stevens Dentistry our fees are above the ODA fee guide by a specific percentage or determined by the amount of time required.



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Dental Insurance Benefits

We will submit insurance claims electronically on your behalf on the day of treatment. If your insurance company does not accept claims electronically, an insurance form will be given to you to submit by mail. Provided your insurance information is accurate and depending on your insurance company, your reimbursement should be received within one day or up to three weeks. It is your responsibility to provide us with accurate insurance plan information and inform us when there are any changes to it. At your request, we may submit a pre-authorization to your insurance company to determine if you have dental benefits for any major treatment.

Information for patients with Dental Benefits

Our concern is always for your dental health. We always recommend treatment that best suits your individual needs regardless of your insurance coverage.

Your dental benefits are a contract between you, the insurance company and your employer, not the dentist. We are not affiliated with any insurance company.

We cannot render services on the assumption the charges will be paid for by an insurance company. All charges are your responsibility from the date the services are rendered.

Most Dental benefits plans do not cover 100% your dental work. Moreover, insurance companies may not notify you of changes of insurance policies. Please examine the insurance policy details carefully, and if unsure, please bring the policy information to our attention that we may help advise you of your benefits.

By signing the Patient Consent Form, you have read and agreed that you have been given your informed consent to the collection, use and/or disclosure of your personal information for the purposes that are listed. You are also agreeing that you understand our financial, insurance and appointment policies. If a new purpose arises for the use or disclosure of your personal information, we will seek your approval in advance.

Personal Information

Title:

First Name:

Last Name:

Phone Number:

Email Address:

Gender:

Date of Birth (dd/mm/yy):