

**GENERAL RELEASE/CLIENT CONSENT**

I, the under signed, understand that the information contained in the medical and dental history is important to my treatment. I certify that all of the information I have completed is correct and that I have not knowingly omitted data. I consent to the release of medical information from my medical doctor or other health care provider as required by Cindy Hernandez, RDH after my consent is given. I authorize this dental hygienist to perform assessment procedures as may be required to determine the necessary treatment. I understand that it is my responsibility to pay for all dental treatment for both myself and/or my dependents. As a courtesy we will fill out and submit insurance claims, however, dental insurance is an agreement between the client and the insurance company so if there is any difference or if the insurance company does not pay I assume all responsibility for fees associated with my dental treatment or dental assessments.

Disclosure: I understand that treatment or product fees may be reasonably set, by the dental hygienist, above or below the ODHA suggested fee guide for dental hygienists, in which may benefit the business interest of the dental hygienist and/or associates.

Policy: I understand that I must provide at least 24 hours notice for cancellation of appointments or a cancellation fee will or may be applied to my account. Full payment is required on day of treatment.

Print Name Self ☐ Parent/Guardian ☐

Signature Self ☐ Parent/Guardian ☐

Date

Cindy Hernandez, RDH

Date

**PRIVACY OF INFORMATION- PRIVACY POLICY**

NOTE TO CLIENT: We want your informed consent. This means that we want you to understand the services we hope to provide to you, the cost involved and what we do with the personal information we obtain about you. If you have a question on any of this, please ask.

The intent of the Privacy Legislation is that personal information will only be collected with the informed consent of the individual. We collect information about your health history, your physical condition, function and your social situation in order to help us assess what your oral needs are and to advise you of your options and then to provide the oral health care you choose to have.

Personal information that we collect includes name, contact information, gender, age, family doctor, dentist, insurance benefit coverage and other health care professionals who might have pertinent information on your health, for example a specialist or pharmacist. The personal information we collect can be used to confer with other health professionals regarding client treatment. The primary purpose for collecting this information is to provide dental hygiene treatment, and also to bill clients for their treatment.

We take appropriate measures to safeguard your personal information. We do not give out your personal information it is solely for us to provide care for you. Records will be kept for 10 years then will be destroyed.

You have the right to access the information we have on you on file. The information officer, who is accountable for Dental Hygiene Care compliance with privacy obligations is Cindy Hernandez, RDH.

I agree to Dental Hygiene Care collecting, using and disclosing personal information about me as set out above and in the name of Dental Hygiene Care Privacy Policy.

Signature self ☐ parent/guardian ☐ Date