Dentistry
On The
Commons

## Dental Office Personal Information 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 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 may be collected to make arrangements for the payment of dental services. Any services not covered under the patient's third party insurance benefit are the sole responsibility of the patient(s); and are to be paid in full to Dentistry on the Commons regardless of dispute of coverage with their benefit plan.

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 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.
- To other dentists and dental specialists, where we are seeking a second opinion and the patient has consented to us obtaining the second opinion.
- To other dentists and dental specialists if the patient, with their consent, has been referred by us to the other dentist or dental specialist for treatment.
- To other dentists and dental specialists where those dentists have asked us, with the consent of the patient, to provide a second opinion.
- To other health care professionals such as physicians if the patient, with their consent, has been referred by us to the other health care professional for either a second opinion or treatment.

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 Nova Scotia Dental Association, 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.

| _____ | _____ | _____ |
|---|---|---|
| Print Name | Signature | Date |

# Dentistry On The Commons

## New Patient Medical and Dental History

First Name _____ Last Name _____

Address:_____

Date of Birth (MM/DD/YYYY):_____ Health Card Number:_____

Contact Number:(h) _____ (w) _____ (c) _____

Email Address:_____

DENTAL INSURANCE INFORMATION

Primary Policy_____ Secondary Policy _____

Policy Holder Name_____ Policy Holder Name _____

Date Of Birth _____ Date Of Birth _____

Subscriber Id _____ Subscriber Id _____

Policy _____ Policy _____

Whom may we thank for referring you? _____

Emergency Contact Name:_____

Emergency contact phone #:_____ Relationship to you:_____

Name of Family Physician:_____ Office phone #:_____
(leave blank if you do not have one)

Email:dentistryonthecommons@gmail.com | Phone: 902.492.3838 | Fax 902.492.3837 | 2141 Windsor Street, Halifax, NS B3K5B5

# Dentistry On The Commons

## Confidential Medical History

1. Are you presently under the care of a physician? ☐ YES ☐ NO

   Please Specify _____

2. Are you presently taking any pills, drugs, or medications? ☐ YES ☐ NO

   Please attach a list _____

3. Have you taken any prolonged medications in the past? ☐ YES ☐ NO

   Prescription or non prescription? _____

4. Do you have any allergies? ☐ YES ☐ NO

   Please specify _____

5. Have you ever had any allergies to medication? ☐ YES ☐ NO

   (i.e. Penicillin) Please specify _____

6. Have you ever been hospitalized and was surgery performed? ☐ YES ☐ NO

   Please Specify _____

7. Are you currently in good health? ☐ YES ☐ NO

8. Do you have or have you had? Please circle ☐ YES ☐ NO

| | | | |
|---|---|---|---|
| High Blood Pressure | Anemia | Herpes | Kidney Trouble |
| Low Blood Pressure | Arthritis | Cancer | Abnormal Bleeding |
| Thyroid Problems | Epilepsy | Scarlet Fever | Sinus Problems |
| Are you Pregnant? | Diabetes | Asthma | ADHD |
| Stroke | Liver Trouble | Fainting Spells | Other:_____ |
| Chest Pain | Hepatitis | Autism Spectrum Disorder | _____ |
| Rheumatic Fever | Blood Disorders | Heart Trouble/Murmur | _____ |
| HIV Positive/AIDS | Shortness of Breath | Artificial Joint Replacements | _____ |

Notes: _____

_____

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# Dentistry On The Commons

## Dental History

1. Who was your last Dentist?_____
2. How long since you last dental visit?_____
3. Are you aware of any dental treatment need at the present time? ☐ YES ☐ NO
4. Are you aware of ay lump or swelling in your mouth? ☐ YES ☐ NO

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