

Tim Schankula DD Denture Clinic

Health Consent / Treatment / Privacy Policy

We require your informed consent for treatment. This means we want you to understand the services we hope to provide you, the cost involved, and what we do with your personal information we collect from you.

This office will collect, use and disclose information about you for the following purposes:

- To deliver safe and efficient patient health care
- To identify and ensure high quality service is provided on a continuous basis
- To advise you of treatment options to those specific needs
- To enable us to contact you to book or confirm appointments, and maintain communications with you to insure that your denture servicing needs are adequately met on an ongoing basis
- To contact you to efficiently follow up on treatment, quality of care, and payment
- To offer and provide denture care and information related to your specific needs
- To communicate with your other health care providers including your dental surgeon, dentist, hygienist, family physician, or outside laboratory services when necessary and appropriate
- To complete and submit dental claims for third party adjudication
- To invoice you or your custodian for goods and services, to process credit/debit card payments, or to collect unpaid accounts

The Tim Schankula Denture Clinic will safeguard and protect all your personal information. By signing this consent form, you agree that you have given your informed consent for treatment and to the collection, use and/or disclosure of your personal information for the purposes that are listed. We will seek your approval in advance if a new purpose arises for the use and/or disclosure of your personal information unless the use or disclosure is required by law.

You may withdraw your consent for use and disclosure of personal information at any time.

I have reviewed the above information that explains how the office will use my personal information. I also understand that this office safeguards my personal information.

I agree that this office can collect, use and disclose personal information about me:

Print Name

Signature

Date