

APPOINTMENT POLICY

Confirmations

As a courtesy, appointments will be confirmed by an automated service via email, text or phone. Please ensure that you respond to this service to confirm your appointment time.

Cancellations

Cancellations must be made directly to our office at 780-483-5800. We respectfully ask for scheduled appointments to be cancelled at least 24 hours in advance. Failure to cancel a reserved appointment may result in a charge to your account.

PERSONAL INFORMATION AND CONSENT FORM

We are committed to protecting the privacy of our patient's personal information and to utilizing the information in a responsible and professional manner. In addition to the circumstances described below, we also collect, use and disclose personal information when required by law.

Information collected is used for the following purposes:

- To open and update patient files
- To invoice patients for dental services, 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 contact patients in order to remind them of further dental appointments or regular dental treatment or recare visits
- To send informational materials about our practice

Patient medical and dental information may also be disclosed:

- To other dentists or specialists when seeking a second opinion
- To other dentists, dental specialists, or health care professionals if the patient has been referred by our clinic for treatment

If we are ever considering selling all or part of our dental practice, qualified potential purchasers may be guaranteed access as part of the due diligence process to verify information 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.

I have read and understand the above information:

Signature of Patient / Parent / Guardian

Date