



PRIVACY CONSENT

I consent to your office to collecting, using and disclosing information about me for the following purposes:

- To deliver safe efficient patient care
- To identify and to ensure continuous high quality services
- To assess your dental health needs
- To advise you of treatment options
- To enable us to contact you
- To establish and maintain communication with you
- To offer and provide treatment, care and services in relationship to the oral and maxillofacial complex and dental care
- To allow us to maintain communication and contact with you to distribute health care information and book and confirm appointments
- To allow us to efficiently follow up for treatment, care and billing
- For teaching and demonstrating the purposes on an anonymous basis
- To complete and submit electronic and or paper dental claims for third party adjunction, pre-approval where necessary and payment
- To permit Dentists, practice brokers and/or advisors to evaluate the dental practice and conduct an audit in preparation for practice sale
- To invoice for goods and services
- To process credit card payments
- If a patients account falls into arrears all reasonable collection fees will be the responsibility of the account holder, in addition to the arrears
- I authorize Park Place Dental to post/advertise pictures within the office and on social media of myself (child)

Signature (parent/guardian)

Date

I authorize release to my dental benefits plan administrator, information contained in claims submitted electronically. This authorization shall continue in effect until authorize the communication of information related to the coverage of services described to the named dentist.

Signature (parent/guardian)

Date

Park Place Dental

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