



CONSENT TO THE TAKING AND USE OF PHOTOGRAPHS

Name of Patient _____ DOB _____

I hereby consent to and authorize Authentic Orthodontics and its employees to record by means of still photographs of the above named patient and to reproduce, exhibit or publish these works for the purposes set out herein.

Please check the boxes below to indicate your consent.

For use by our office and any of your other health care providers for the purpose of diagnosis and documentation of treatment progress

Share with other health care professionals, scientific or professional publications, at lectures, or in exhibitions to scientific or medical audiences

To be used for publication on our website, other social media and/or marketing purposes

I hereby waive any, and all claims which I may at any time have against Authentic Orthodontics or its employees, in any matter whatsoever relating to the said photographs.

I represent that I am the parent/person having lawful custody of the above named patient. I hereby consent to the foregoing on the patient's behalf.

READ BEFORE SIGNING

Signature of Patient or Authorized Person

Date (month/day/year)

Signature of Witness

Date (month/day/year)

If the Authorized Person is not the Patient, state relationship to patient: _____

OVER

Orthodontic Office Personal Information Consent Form

We are committed to protecting the privacy of our patients 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 orthodontic services, to process credit card payments, or to collect unpaid accounts
- To process claims to assist patients in receiving reimbursement from third-party health benefit providers (insurance companies)
- To send reminders to patients concerning the need for further orthodontic examinations or treatment
- To send patients informational material about our orthodontic 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 orthodontic treatment.

Financial information may be collected in order to make arrangements for the payment of orthodontic services.

We collect information from our patients about their health history, their family health history, physical condition, and all medical and dental treatments. (Collectively referred to as "Medical Information"). Patients' medical information is collected and used for the purpose of diagnosing dental and orthodontic conditions and providing orthodontic treatment.

Patients' Medical Information is disclosed:

- To third party health benefits providers and insurance companies for the benefit of pre-authorization for orthodontic treatment
- To other dentists and dental specialists where we are seeking an additional opinion and the patient has consented to us obtaining this 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 who 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 Alberta Dental Association and College 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.

Date _____ Print Name _____ Signature _____