



TREATMENT CONSENT

An on-site oral health service is provided for the residents within retirement living and long-term care facilities. This service provides Dental Hygiene services under the scope of practice within Alberta. Services are provided by My Mobile Dental Hygienist Inc. Kristy Gerber, a registered Dental Hygienist. This consent form is required for any individual that is not capable of giving consent for dental hygiene treatment.

Date: Care Facility:

Resident Name: DOB:

Guardian/ Director/ Power of Attorney Contact Information

Name:

Address: City:

Postal Code: Phone:

Email:

Person Responsible for Account Fees? Patient Guardian/Director/ Power of Attorney

My Mobile Dental Hygienist Inc. collects your health information including registration, diagnostic, treatment and care information under the legal authority of sections 18-22 of the Health Information Act (HIA) for the purposes of providing you with health care services (Dental hygiene, oral cancer screenings, and exams). My Mobile Dental Hygienist Inc. will only use and disclose your health information for the purpose as authorized under the HIA. If you have any questions on the collection, use and disclosure of your health information please contact Kristy Gerber's (My Mobile Dental Hygienist Inc.) privacy officer at **403-988-1691** or email kgerber@mmdh.ca.

I will provide My Mobile Dental Hygienist Inc. with insurance details if I would like them to submit to my dental carrier on my behalf. I understand that I am personally responsible for payment of all remaining balances of dental services rendered. I authorize the dental staff of My Mobile Dental Hygienist Inc. to perform such dental services as may be necessary and authorize the release of records to any referring or treating dentist, physician, medical facility or insurance company for legal documentation.

I have read the above conditions of treatment and agree with their content.

Name (Print): Date:

Signature: