



Consent to Collect, Use and Disclose Personal and Health Information and Cancellation Policy Acknowledgement

Please sign below to confirm that:

- 1) You have read the provided leaflet and privacy policy that outlines on how we collect, use and disclose your personal and health information and understand that I am encouraged to ask for a copy to take home.
- 2) You have read the provided leaflet which explains My Health Care Rights and understand that I am encouraged to ask for a copy to take home.
- 3) You agree to our collecting, using and disclosing your personal information – subject to any modifications made by you – in this way;
- 4) You have read and understand the cancellation policy below;

Missed Appointment and Cancellation Policy

We respect that your time is valuable and we appreciate that you understand ours is too. We have a 48hour cancellation policy. Any cancellations that occur 48 hours or more before the scheduled time are able to be re-booked at no cost to the patient.

The first two times a cancellation is made within the 48hr period prior to the time of the booked appointment, the patient will be given the opportunity to re-book (with no financial penalty applied). On the third cancellation within the 48hr period, all future appointments that are scheduled may result in a deposit being required, prior to booking the appointment. This deposit will be added to your account and will go towards any amounts due for treatment of attended appointments. This deposit may be forfeited if the appointment is missed or cancelled within the 48hr period (at the discretion of the Practice Manager/Owners)

- 5) You agree to our accessing your My Health Record (please tick box) Yes No
- If you **agree** to this practice **transmitting** your personal and health information by **email** (for example, to another provider involved in your dental care), please tick this box. **Please note:** a separate form will be required for us to access your records from another practice.
- If you **agree** to receive **appointment reminders** via telephone/SMS and/or email, please tick this box.

Patient Name: _____ Date: _____

Signature: _____
(parent or guardian if under 18 years)

Name (if patient unable to sign): _____