

PARENT/GUARDIAN AGREEMENT FORM

As a parent/guardian of a child client of the Algonquin College Dental Clinic I understand and agree to the following:

- This Clinic is designed to support the education of students in the Dental Assisting & Dental Hygiene programs at Algonquin College. Services will be provided by dental assisting and/or dental hygiene students under the direction and supervision of fully qualified, registered dentists, registered dental hygienists and certified dental assistants.
- I understand that by bringing the child to the clinic I am agreeing to an initial assessment which may include radiographs (X-rays) if deemed necessary and that I will be advised should they be required. Any further treatment will also require my informed, written consent. No professional services will be performed for this child without the child's agreement.
- The child is eligible for treatment in the Dental Clinic if they meet the following conditions:
 - Children must be at least 6-years of age for an initial assessment.
 - Their oral condition is appropriate to meet student learning requirements.
 - They are able to attend a minimum of one (1) appointment of approximately three (3) hours in length.
 - I provide 48 hours notice if cancelling a scheduled appointment.
 - Both they and I exhibit appropriate personal behaviour towards students, staff, and other clients, including use of cell phones and other electronic devices.
 - Program faculty, in consultation with program administrator(s), have discretionary power to determine client eligibility.
- Where the attending dentist and members of the dental hygiene staff determine that the required care is not within the scope of the College Clinic to provide, I will be advised to seek care at a suitable facility outside of the College.
- We request that parents/guardians remain in the reception area during the child's appointment.
- No information regarding the child's dental condition will be given to persons not involved with their care at the College Clinic without my written consent as per the Algonquin College Dental Clinic privacy policy (see reverse).
- Any photos, models and/or audio visual materials taken of the child's oral condition or care provided may be used for educational purposes.
- Chart information may be used for statistical or research purposes by faculty and/or students.
- I will assume financial responsibility for all fees charged for services provided at the Clinic.
- Although rare, accidental injury to students and/or staff can occur during the handling of instruments. Should this occur, both client and student and/or staff person will be required to undertake a blood test for screening of infectious diseases.

HOW OUR CLINIC COLLECTS, USES AND DISCLOSES PERSONAL CLIENT INFORMATION

Privacy of personal information is an important principle in the provision of quality dental care to our clients. Algonquin College understands the importance of protecting your personal information. We are committed to collection, using and disclosing your personal information responsibly. We also try to be as open and transparent as possible about the way we handle your personal information. It is important to us to provide this service to our clients.

The Privacy Information Officer for the Algonquin College Dental Clinic is the Clinic Manager. A complete copy of our Privacy Code is available on request. All staff members who come in contact with your personal information are aware of the sensitive nature of the information that you have disclosed to us. All are trained in the appropriate use and protection of your information. The following outlines how we use and disclose your information.

The Dental clinic will collect, use and disclose information about you for the following purposes:

- to assess your health needs and to deliver safe and efficient client care
- to advise you of treatment options
- to communicate, when appropriate, to other health care providers
- to identify and ensure continuous high quality care
- to establish and maintain communication with you
- to schedule and confirm appointments
- to allow us to efficiently follow-up for treatment, care, billing and the collection of unpaid accounts
- for teaching and demonstrating purposes on an anonymous basis
- to complete dental claims for third party adjudication and payment
- to comply with legal and regulatory requirements of the College of Dental Hygienists of Ontario and the Royal College of Dental Surgeons of Ontario
- to be reviewed by the Commission on Dental Accreditation of Canada (CDAC) for the accreditation process.

The collection of personal information by Algonquin College's Dental Clinic shall be limited to that which is necessary for the purposes identified in this Privacy Code. Our Dental Clinic will not under any conditions supply your insurer with your confidential medical history. In the event that a request of this kind is made, we will forward the information directly to you for review, and for your specific consent. When unusual requests are received, we will contact you for permission to release such information. We may also advise you if such a release is inappropriate.

When you sign the Client Agreement Form, you will be deemed to understand and accept the collection, use and disclosure of your information by the Algonquin College Dental Clinic for the specified purposes. You may withdraw your consent for use or disclosure upon reasonable notice. Should you decide to do so, we will explain the ramifications of that decision and the process.

I have read, understood, and agree to the conditions above with regard to being a client of the Algonquin College Dental Clinic.

Child's Full Name:

Parent/Guardian First/Last Name:

Relationship:

Parent/Guardian Signature:

Date:

Witness Full Name:

Witness Signature:

Date:

In the event that care is needed that cannot be performed at Algonquin College, I authorize Algonquin College Dental Clinic to release information pertinent to my child's on-going dental care from their clinic file to: *(please print)*

No dentist/dental office at this time

Dentist/Clinic:

Address:

Parent/Guardian Signature:

Date: