



ROVING DENTAL HYGIENE

Registration Form

Email karen@rovingdentalhygiene.com

Website www.rovingdentalhygiene.com

Phone 613-770-3801

Patient Information

Patient's Name _____ M _____ F _____

Birthdate _____

Address _____

Email _____ Phone _____

Preferred Method of Communication _____ Email _____ Phone _____ Text _____

To whom may we thank referring you to us? _____

Insurance Information

Card Holder's Name: _____ Date of Birth _____

Name of Insurance Company: _____

Group # _____ ID# _____

Relationship to Patient: _____

In accordance with the Personal Health Information Protection Act (PHIPA) Bill 31 , Nov. 2004, we are required to maintain the confidentiality of your health information that describes how we may use and disclose your protected health information to carry out treatment, payment of health care operation and for other purposes that we are permitted or required by law.

We will use and disclose your protected health information to provide, coordinate, or manage your dental care and any related services. For example: your health / dental information may be provided to a dentist to whom you have been referred to ensure that the dentist has the necessary information to diagnose or treat you. In addition, we may disclose your protected health information periodically to another dentist, physician or health care provider who becomes involved in your care.

We may use and disclose dental information about you in order to obtain payment for services rendered. Such disclosures may be made to you, an insurance company, responsible party or third party. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover treatment.

