

EXISTING PATIENTS

Westlake Dental

PRIVACY, DISCLOSURE, & CONSENT

TO: Westlake Dental and Westlake Health Services

Information for our Patients

At Westlake Dental, all professional services are performed by licensed members of the (“Dental Professionals”), and all institutional services are performed independently by Westlake Health Services, under the clinical supervision and control of Dental Professionals in a cost-sharing arrangement. Westlake Dental and Westlake Health Services are each independent entities providing independent services but for ease of administration may render joint invoices for their respective services. One or more of our Dental Professionals may have a financial interest in Westlake Health Services.

Privacy Act and Consent to Treatment

By signing this form, you acknowledge and agree that (i) you have read and understood the above information prior to any professional services being provided to you by any Dental Professional; (ii) you have been provided and have read a copy of our Privacy Code; (iii) you agree to the collection, use and disclosure of your Personal Information in accordance with our Privacy Code; and (iv) your previously signed consent and acknowledgment documents are extended in favour of Westlake Dental and Westlake Health Services.

You can withdraw your consent at any time on the understanding that withdrawing your consent to certain information handling practices may impair the ability of Westlake Dental to provide the services you are requesting.

Thank you and please do not hesitate to let us know if you have any questions regarding this form or your Personal Information.

Print Name of Patient Parent/Guardian

Signature of Patient Parent/Guardian

Date

Reviewed by Westlake Dental

Date