

DENTAL HYGIENE TEAM CONSENT FORM- To Be Completed Once. For Future Recare Appointments Consent Will Come As A Text And Or Email Reminder. This Form Is Required Only For New Patients

* PLEASE PRINT OR SAVE A COPY FOR YOUR OWN RECORD *

You are receiving these consent forms because you have agreed to dental care provided by the **Dental Hygiene Team**.

There are four sections below that require consent. Please use the NO/YES toggle in each section. The final step requires your signature before it is submitted.

A typical appointment consists of:

- An oral assessment and debridement (cleaning) including scaling, polish, and fluoride varnish
- We do not take dental x-rays due to the limitations of being a mobile service provider
- A phone report (No Caller ID) will be provided after each appointment to the Power of Attorney.

Section 1: Fees

Fees for mobile dental hygiene care depend on the services required and are comparable to traditional dental offices (We use the Ontario Dental Hygiene Fee Guide) Unfortunately, we are unable to give cost estimates before seeing the patient.

We often deal directly with the Power of Attorney (POA) or family members because our clients are, in some cases, unable to make arrangements themselves. If you are the POA for your loved one in care, we will email you the invoice, which can be paid by:

1. E-Transfer
2. Credit Card
3. Cheque in the mail.

Payment is due upon receipt of the invoice.

We **do not** submit directly to private insurance plans except government-funded plans (CDCP, ODSP) If the patient has a private dental insurance plan, please let us know, and we will include a [standard insurance claim form](#) with your invoice. You can submit this form to your insurance provider to seek reimbursement.

Consent

NO/YES

I have read and understand the billing terms:

SECTION 2: Treatment with Silver Diamine Fluoride and Interim Stabilization Therapy treatments (This is how we repair decayed and broken teeth)

Silver Diamine Fluoride (SDF) is an liquid applied to cavities to help stop tooth decay. There is no discomfort involved with the application.

Used every 3-6 months as needed

Treatment with SDF does not eliminate the need for dental fillings; however, for our clients in long-term care, it may be the best option.

The decayed area will stain black permanently. Healthy tooth structure will not stain.

In rare cases, SDF can also temporarily stain skin and clothes that come in contact with the solution.

In cases where there is active decay, we will immediately apply the SDF treatment to preserve tooth structure. If the blackening will occur on the front teeth, you will be notified before the treatment and can make a decision then.

In some circumstances, we are able to place a healing restoration that will preserve the tooth structure by filling in the hole left by the cavity. We use a treatment called **Interim Stabilization Therapy (IST)**. This healing filling will cover over the defect left by the decay and help preserve tooth structure. SDF and IST are therapies that are often used together to preserve tooth structure. You will be notified by phone prior to placement of IST. This is a process commonly referred to as *silver modified atraumatic restorative technique (SMART)* and may be a single or multi-appointment procedure.

Consent

NO/YES

I have read and understand the above regarding treatment:

SECTION 3: **PRIVACY POLICY**

The Dental Hygiene Team collects and uses personal information to:

- To deliver safe and efficient patient care
- To assess health needs and provide dental care
- To advise you of treatment options
- To enable The Dental Hygiene Team to contact you and maintain communication with clients, including distributing health-care information and booking and confirming appointments
- To communicate with other treating healthcare providers, including denturists, physicians, nurse practitioners, pharmacists, referring general dentists, and specialists
- To allow The Dental Hygiene Team to efficiently follow up for treatment, care, billing, and invoicing for goods and services
- To comply with legal requirements, including the delivery of client charts and records of the College of Dental Hygienists of Ontario and the Canadian Dental Hygienists Association in a timely fashion, according to the provisions of the Regulated Health Professions Act
- To comply with agreements/undertakings entered into voluntarily by the member of the College of Dental Hygienists of Ontario, including the delivery and or review of client charts and records to the College in a timely fashion for regulatory and monitoring purposes
- To assist this office in complying with all the regulatory requirements

The Dental Hygiene Team limits the collection of personal information by only collecting information necessary to perform the appointment. The team will always obtain informed consent through a written or verbal agreement.

I have read and understand Dental Hygiene Team privacy policy:

NO/YES

SECTION 4: **Canadian Dental Care Plan Invoicing (CDCP)**

The Dental Hygiene Team is a registered provider with the CDCP. We will collect this portion of the payment directly from Sunlife.

There are differences in the fee amounts that the CDCP will cover and the Ontario Dental Hygiene Association Fee Guide we use. When we bill the CDCP, there will be a co-pay to meet our fee guide, and you will receive an invoice for this amount.

CDCP coverage is specific to each family's income. The coverage you are eligible for with CDCP may range from 40% to 100%. If you have 100% coverage with the CDCP, you will still be invoiced for the co-pay to meet our fee guide. This invoice can range from \$40-\$150 based on the treatment that is completed.

Please let us know if you or the client you advocate for are registered with the Canadian Dental Care Plan. We will send you a separate form to complete the insurance details.

At this time, CDCP covers:

- **one exam**
- **one fluoride treatment**
- **a total of four units of teeth cleaning per 12 rolling months.**
- **additional appointments will require an out-of-pocket expense.**

For more information on the CDCP, please click here:

<https://www.canada.ca/en/services/benefits/dental/dental-care-plan.html>

I have read, understand and agree to the CDCP billing difference to meet the ODHA Fee Guide :

NO/YES

If You Require Further Understanding Prior To Signing, Please Visit Our Website For "Frequently Asked Questions" Or Please Contact Us Directly:

Info@dentalhygieneteam.com

905-321-2912

www.dentalhygieneteam.ca

Print name

Today's date

Signature