

Consent to Collect and Disclose Personal Information

I hereby give consent to Epiciti Mobile Dental Care to collect, retain, use and share information for the purpose of providing/delivering dental hygiene services.

Personal information that is collected, retained, used, and disclosed may include, without limitation, your name, age, contact information, health benefit information, personal health information, and other information deemed necessary to fulfill the following purposes:

- To perform the assessment and complete the dental services
- To comply with the patient charting requirements of regulatory bodies
- To determine best clinical practices, including: chart audits, analyzing assessment data for research purposes & best practices
- To store charts and information as required by privacy and security law

I understand that Epiciti use, and disclose only personal information required to fulfill the purposes noted above, and retain my personal information for as long as required to fulfill the purposes listed above. Epiciti shall not use my personal information for purposes other than those noted above without my consent and I understand that my consent can be revoked in writing at any time.

I understand that I may request a copy of Epiciti's Privacy Policy, and it will be provided immediately on request. I understand I may ask Epiciti's Privacy Officer any questions about my personal information, and to allow me to review my personal information.

Consent to Treatment

I hereby authorize the named Dental Provider and his/her associates at EPICITI to perform upon me the following procedure(s):

- Intra-Oral Assessment
 Dental Cleaning
 Denture Repair
 New/Replacement Denture(s)

Dental Procedure: _____

I have been fully informed about the purpose of the procedure(s) and have also been informed of expected benefits and complications (from known & unknown causes), attendant discomforts and risks that may arise, as well as possible alternatives to the proposed treatment, including no treatment. The attendant risks of no treatment have also been discussed. I have been given an opportunity to ask questions, and all my questions have been answered fully and satisfactorily.

I understand that during the course of the procedure(s), unforeseen conditions may arise, which necessitate procedures different from those contemplated. I, therefore, consent to the performance of additional procedure(s) that the Dental Provider or his/her associates may consider necessary.

I acknowledge that no guarantee or assurances have been made to me concerning the results intended from the procedurals. I confirm that I have read and fully understand the above and that all blank spaces have been completed prior to my signing.

Patient/Resident Name

Signature

Date

Name of Substitute Decision Maker
(if applicable)

Signature

Date