





## Privacy Policy

In accordance with the Victorian Health Records Act 2001 and Federal Privacy Act 1988.

Our practice respects your right to privacy. We realise that it is important that you understand the purpose for which we collect details about your health, as well as how this information is used at our practice and to whom this information might be disclosed.

This policy of our practice is to follow these procedures:

- 1 The information collected will be used for the purpose of providing treatment to you. Personal information such as your name, address and health insurance details will be used for the purpose of addressing accounts to you, as well as processing payments and writing to you about our services and any issues affecting your treatment.
- 2 We may disclose your health information to other health care professionals, or require it from them if, in our judgement, that is necessary in the context of your treatment. In that event, disclosure of your personal details will be minimised wherever possible.
- 3 We may also use parts of your health information for research purposes, in study groups or at seminars as this may provide benefit to other patients. Should that happen your personal identity will not be disclosed without your consent to do so.
- 4 Your medical history, treatment records, x-rays and any other material relevant to your treatment will be kept here. You may inspect or request copies of our records of your treatment at any time, or seek an explanation from the dentist. Statutory fees may apply in relation to the types of access you seek. If you request an explanation of our records or a written summary, fees may apply to these services.
- 5 If any of the information we have about you is inaccurate, you may ask us to alter our records accordingly.

You can otherwise rest assured that your health information will be treated with the utmost confidentiality. Disclosure will not be made to any person not involved in either your treatment or the administration of this practice, without your prior written consent. If you have any queries or concerns about our handling of your health information, please do not hesitate to raise these concerns with our practice.

## Cancellation Policy

When you schedule an appointment time we hold that time exclusively for you. Should it become necessary to alter your appointment, we respectfully request you provide us with a minimum of two business days' notice. Late notifications do not provide us with sufficient time to offer your appointment to another patient in discomfort. We know you will understand that if we receive little or no notification of your inability to keep your scheduled time, it may be necessary to impose a late cancellation fee.

I have read and understood the Station Square Dental Privacy Policy.

 Y  N

I have read and understood the Station Square Dental Cancellation Policy.

 Y  N

I understand that payment is required on the day of treatment.

 Y  N

Date:

Signed: