

New Patient Consent - PACE

Enable Dental provides on-site dental services to patients in the Program of All-Inclusive Care for the Elderly (PACE). All financial costs are paid for directly by your PACE program. PACE will only cover specific services and does not cover aesthetic or elective treatment. You must sign this consent to receive services.

PACE PROGRAM

PACE Program Name _____

WHO IS FILLING OUT THE FORM

The person filling out this form is the: Patient POA or Responsible Party

RESPONSIBLE PARTY

- The Patient is the responsible party and can sign for medical decisions
 The Patient requires a Medical Power of Attorney (POA) or Guardian, and this information is provided below

PATIENT INFORMATION

First Name _____ Last Name _____

Date of Birth _____ Gender: Male Female Patient Telephone _____

Patient Email _____

PRIMARY RESPONSIBLE PARTY / MEDICAL POWER OF ATTORNEY (IF APPLICABLE)

First Name _____ Last Name _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Telephone (Home) _____ Telephone (Cell) _____

Email _____ Relation to the Patient _____

DENTAL AND HEALTH HISTORY

Does the patient wear dentures: Complete? Yes No Partial? Yes No

Date of last dental exam? _____ Main concern for dental visit _____

Has the patient had a stroke in the last year? Yes No

Is patient taking bisphosphonates (osteoporosis medication)? Yes No

Is patient currently taking prescription blood thinners? Yes No

Does patient have any artificial heart valves? Yes No

Does the patient have any allergies? Yes No

List any allergies here _____

AUTHORIZATION AND RELEASE

The patient or their legal representative agrees to the following:

- Enable Dental may review medical records, examine, and provide any necessary dental care;
 - Prior to signing any documents, I have the right to review the following policies of Enable Dental with which I have been provided, read and fully understood:
 - General Dental Informed Consent <https://enabledental.com/general-dental-informed-consent-2/>
 - HIPAA Notice of Privacy Practices <https://enabledental.com/hipaa/>
 - Privacy Policy Terms and Usage* <https://enabledental.com/privacy-policy/>
 - No guarantee or assurance has been made as to the results that may be obtained through the course of any treatment;
 - Enable Dental is authorized to provide continued care until dental consent is withdrawn, which may be withdrawn at any time;
 - No restorative treatment will be provided without prior written consent.

* We reserve the right to change our privacy practices as described in our Notice of Privacy Practices. You may obtain a copy of our Notice of Privacy Practices at any time by visiting our website, emailing info@enabledental.com, or calling (866) 988-4504. You may reach out to the Privacy Officer, Ben Tiggelaar, at ben@enabledental.com.

By signing below, you acknowledge that:

- You are the patient and make full medical decisions on your own behalf OR you are the Legal Representative with full medical legal decision-making capability.
- You have read and agreed to the General Dental Informed Consent
- You give the PACE program including all its approved providers and Enable Dental explicit consent to exchange patient health information including medical history, medical lists, responsible party information and other necessary information.
- If applicable, you give the care community and Enable Dental explicit consent to exchange patient health information including medical history, medication lists, responsible party information and other information to ensure the patient's overall care and well-being.
- You consent to receiving HIPAA-compliant electronic communications, such as email and text messages regarding treatment and health care operations.

Patient Signature: _____ Date: _____

Or

POA Signature is required for legal representative:

POA Signature: _____ Date _____