

### Child Dental Benefits Schedule Bulk Billing Patient Consent Form

I, the patient / legal guardian, certify that I have been informed: Of the treatment that has been or will be provided from this date under the Child Dental Benefits Schedule; Of the likely cost of this treatment; and That I will be bulk billed for services under the Child Dental Benefits Schedule and I will not pay out-of-pocket costs for these services, subject to sufficient funds being available under the benefit cap.

I understand that I/the patient will only have access to dental benefits of up to the benefit cap. I understand that benefits for some services may have restrictions and that Child Dental Benefits Schedule covers a limited range of services. I understand I will need to personally meet the costs of any services not covered by the Child Dental Benefits Schedule. I understand that the cost of services will reduce the available benefit cap and that I will need to personally meet the costs of any additional services once benefits are exhausted.

**\*ADHV will not charge any out of pocket costs for services completed.**

Patient/Legal Guardian Signatures \_\_\_\_\_

Full Name of Person Signing (if not the patient) \_\_\_\_\_

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_



**Please Fill ALL Details**

This form is valid up to 31 December of the calendar year for which it is signed.

### ZERO OUT OF POCKET COST TO YOU

ITEM	SERVICE	CDBS BULK BILLING	YOUR OUT OF POCKET COSTS
88011	Comprehensive Oral Examination	\$60.95	\$0.00
88012	Periodic Oral Examination	\$50.70	\$0.00
88013	Limited Oral Examination	\$31.80	\$0.00
88111	Removal of Plaque / Stain	\$62.3	\$0.00
88114	Removal of Calculus - 1 <sup>st</sup> visit	\$103.90	\$0.00
88115	Removal of Calculus - 2 <sup>nd</sup> visit	\$67.50	\$0.00
88121	Topical Remineralisation agents	\$40.05	\$0.00
88022	Periapical or Bitewing X-ray	\$35.30 ea	\$0.00
88161	Tooth Surface/Fissure sealing (first 4)	\$53.35 ea	\$0.00
88162	Tooth Surface/Fissure sealing (Additional services)	\$26.70 ea	\$0.00

**STEP 1**

Please use CAPITAL/BLOCK letters.

Student's First Name(s) \_\_\_\_\_ Student's Last Name \_\_\_\_\_

Date of Birth (DD/MM/YYYY) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender  Male  Female  Other

School Name \_\_\_\_\_ Campus \_\_\_\_\_

Year Level \_\_\_\_\_ Form Group/Room \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_ Relationship to the student \_\_\_\_\_

Parent Address \_\_\_\_\_

Email \_\_\_\_\_ Mobile Number \_\_\_\_\_

**STEP 2**

Tick Yes/No to the following:

Heart Murmur/Problem	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fainting	<input type="checkbox"/> Yes <input type="checkbox"/> No
Epilepsy	<input type="checkbox"/> <input type="checkbox"/>	Anaphylaxis	<input type="checkbox"/> <input type="checkbox"/>
Asthma	<input type="checkbox"/> <input type="checkbox"/>	Autism	<input type="checkbox"/> <input type="checkbox"/>
Diabetes	<input type="checkbox"/> <input type="checkbox"/>	Jaw or sleeping problem	<input type="checkbox"/> <input type="checkbox"/>
Bleeding Problem	<input type="checkbox"/> <input type="checkbox"/>	Dental Phobia	<input type="checkbox"/> <input type="checkbox"/>
Finger/Thumb Sucking	<input type="checkbox"/> <input type="checkbox"/>	Problems with previous Dental Treatment	<input type="checkbox"/> <input type="checkbox"/>
Require Antibiotics prior to dental treatment?	<input type="checkbox"/> <input type="checkbox"/>	Has this student had dental X-rays in the past 6 months?	<input type="checkbox"/> <input type="checkbox"/>

List any allergies: \_\_\_\_\_

List any current medications: \_\_\_\_\_

List any other medical conditions: \_\_\_\_\_

Do you have any concerns about your child's teeth or oral health? \_\_\_\_\_

**STEP 3**

**1 Privacy and Consent**

I have read and understood the privacy information on page 4. I acknowledge and agree to how the program will manage student healthcare information.

\_\_\_\_\_  
PARENT/GUARDIAN'S SIGNATURE (REQUIRED)

\_\_\_\_\_  
Date

**Sign Here** →

**2 Medicare Consent and Dental Treatment Authorisation**

- I have read and understood the Medicare Bulk Billing section of this form, including the safety and benefits of the dental check-up and preventive care treatments as outlined at [www.adhv.com.au/dental/treatment](http://www.adhv.com.au/dental/treatment). I have had an opportunity to ask questions and seek clarification on the information I have been provided by calling ADHV on (03) 9323 9607.
- I understand that I DO NOT have to pay these costs and that they will be deducted from my child's CDBS Medicare balance.
- I give consent to ADHV to provide dental treatment to my child including a Comprehensive dental examination (Item 88011), I understand if my child requires a clean (Item 88114 or 88114) and/or remineralisation (fluoride) (Item 88121) for their teeth, I give further consent.
- I consent for a Pro-Bono dental screening, if applicable.
- If required, ADHV may return every six months to provide a dental check (Item 88012 or 88013), professional clean (Item 88115), and remineralisation with fluoride (Item 88121).

Specify if you have anything to note or do not consent to a specific treatment listed above.

\_\_\_\_\_  
PARENT/GUARDIAN'S SIGNATURE

\_\_\_\_\_  
Date

**Sign Here** →

**3 Small Dental X-rays (Item 88022)**

Significantly increase the detection of tooth decay and are safe for people of all ages. I give consent to take up to 2 small dental x-rays for diagnosis if they are required.

\_\_\_\_\_  
PARENT/GUARDIAN'S SIGNATURE

\_\_\_\_\_  
Date

**Sign Here** →

**4 Fissure Sealants are a coating/seal that help prevent cavities (Item 88161 & 88162)**

I also consent to place seals on my child's teeth (molars) if they are required (up to 8 seals).

\_\_\_\_\_  
PARENT/GUARDIAN'S SIGNATURE

\_\_\_\_\_  
Date

**Sign Here** →

## Privacy and Consent Policy

**Australian Dental Health respects your privacy.** The purpose of this form is to provide you with information to assist you in choosing to consent to Australian Dental Health - (ABN: 63 618 859 591) providing dental services to your child (the Student) at their School premises; and Australian Dental Health sharing important and relevant information about the Student with the School.

In this form, the term 'Services' means dental services to be paid for by CBDS Medicare or by Australian Dental Health.

Please read each part of this form carefully, if you do not understand a part of this form, please speak with Australian Dental Health. Your child cannot receive the Services if the consent part of this form is not signed (located on page 2).

This form uses the phrase 'your child' however you may have received this form if you are able to consent to receiving the Services (because you have been classified as a mature minor or are an adult student), or if you are a guardian or informal carer of the student. Further information about who can sign this consent form can be found under the Frequently Asked Questions section of this form and at [adhv.com.au/privacy](http://adhv.com.au/privacy).

### Privacy Protection

Australian Dental Health and Schools value the privacy of every individual and are committed to protecting all personal and health information collected, disclosed and managed.

In Victoria, the laws that outline privacy requirements are the Privacy and Data Protection Act 2014 (Vic) and the Health Records Act 2001 (Vic). These laws set out what schools must do when they collect, use, handle and destroy personal and health information.

Personal information is stored and handled in Australia. It may be shared with contracted service providers for administrative and data processing purposes. Offshore contractors may assist remotely under strict confidentiality and security controls.

The Health Records Act is most relevant to the Services and provides that: Personal information is "information or an opinion (including information or an opinion which is on a database), whether true or not, and whether recorded in a material form or not, about an individual whose identity is apparent, or can reasonably be ascertained from the information or opinion".

Health information is information or an opinion about:

- the physical, mental or psychological health of an individual;
- a disability of an individual;
- an individual's expressed wishes about the future provision of health services to him or her;
- a health service provided, or to be provided, to an individual, that is also personal information.

To view the school's privacy policy go to the privacy policy on the schools website, or contact the school. To view Australian Dental Health's privacy policy, go to: [www.adhv.com.au/privacy](http://www.adhv.com.au/privacy)

### Collecting personal and health information

To enable Australian Dental Health to provide the dental services at school, it will be collecting the personal and health information of the student. Accordingly Australian Dental Health may collect and use personal and health information about the Student, such as:

- name, address, contact details;
- date of birth; Medicare number;
- physical and/or psychological health and medical information, including details about any disability the Student may have;
- other material required to conduct appropriate tests;
- express wishes about the future provision of health services, from the Student or you;
- health services that have been provided, or are to be provided;
- health information about you or the Student which is or could be predictive of health of you or the Student;
- or if you provide test results;
- and any other information about the Student which may be relevant to Australian Dental Health's provision of the Services.

Australian Dental Health respects your privacy and will only collect personal

and health information when it is necessary to provide Service to you or your child.

There may be occasions where Australian Dental Health may collect information about you or your child from other organisations such as other health professionals. For example, you may provide us with information from your local dentist to assist in our treatments. Australian Dental Health will seek your consent before doing so when it initiates the collection, however, in some instances Australian Dental Health may be directly provided with this information.

### Using personal and health information

The Department of Education and Training (Department) requires Australian Dental Health providing Services to the Student to share important and relevant information about the Student with the School Principal and other school staff.

Accordingly, Australian Dental Health may discuss personal or health information in relation to you or the student with the School Principal and employees, contractors or agents of the school council or the Department, so as to:

- provide the Services to you or the student; and
- enable the teaching staff and other employees, contractors or members of the Department of education and training or the school council to discharge their duty of care to you or the Student and optimally educate and support the Student.

The types of information about the Student that may be disclosed to the School Principal include (without limitation):

- information about the Student's disability or medical condition and their needs, in the way(s) and at the times specified by the School Principal;
- information that may be relevant to the School's ability to meet its duty of care obligations to the Student;
- information that relates to reasonably foreseeable risk to anyone.

This information may be used by staff at the School for the purposes of providing educational programs to, and making adjustments for, you or the Student. The types of people who may be involved in discussions are Australian Dental Health, teachers, education support staff, other health professionals, or staff of an education and care service conducted by the school council and attended by the Student.

If personal or health information is disclosed to other Department employees, contractors or agents, or school council employees, or contractors, these people are required to comply with the Health Records Act and the Privacy and Data Protection Act (or the Privacy Act 1988 (Cth) where relevant). Disclosure or use will otherwise only occur if permitted by law. In some instances, the Australian Dental Health, School Principal or the Department of Education and Training may be compelled by other laws to disclose information held about you or the Student to other bodies such as regulatory bodies, court or tribunal.

Australian Dental Health and the School will endeavour to ensure that all information held about you or the student is up to date and accurate. However, if your circumstances change, you move home, change telephone numbers or other information you have provided to Australian Dental Health becomes out of date, please inform Australian Dental Health and the School.

ADH may contact you directly for important information, future treatments and visits.

### Accessing personal and health information.

You can access and correct personal and health information held by the School or withdraw your consent to the use of this information by emailing the school or the Department of Education and Training at [privacy.enquiries@edumail.vic.gov.au](mailto:privacy.enquiries@edumail.vic.gov.au) in accordance with the Department's Information Privacy Policy located at: <https://www.education.vic.gov.au/Pages/privacypolicy.aspx> or in accordance with the Freedom of Information Act 1982 (Vic).

You may also request access to your personal and health information or withdraw your consent by writing to Australian Dental Health via [info@adhv.com.au](mailto:info@adhv.com.au) or the Principal.

You are entitled to access and correct personal and health information held by Australian Dental Health or withdraw your consent by contacting the office via email at [info@adhv.com.au](mailto:info@adhv.com.au) with your Child's Name, DOB and School.

# SCHOOL DENTAL CONSENT FORM

## Free Check-up & Dental Care at School - No Out of Pocket Cost

### What We Offer at Schools

- ✓ Full dental check-up
- ✓ Teeth cleaning
- ✓ X-Rays
- ✓ Dental Report
- ✓ Fluoride treatment
- ✓ Protective tooth sealants
- ✓ Fillings (if required - we will call you first)
- ✓ Pro-Bono Checkups for Selected grades

## No Out of Pocket Cost to you = \$0

We will check if your child is eligible through Medicare Child Dental Benefits Schedule (CBDS). If your child is not eligible, we also offer Pro-Bono checks to selected grades.

### What You Need To Do

1. Fill out this form with your child's details.
2. Return it to the school.
3. We will check eligibility for you.

### Who Can Sign

Parent or Legal Guardian  
Mature Minor (who can understand treatment options)

### Do I Need to Be There?

No. It's done at school during school hours. Most kids do great with our team!

### Need Help?

Call us on (03) 9323 9607  
Visit [www.adhv.com.au/dentaltreatment](http://www.adhv.com.au/dentaltreatment)

**A healthy smile starts with early care.  
Let's work together to prevent tooth decay before it starts.**



Scan and Complete  
in 5 minutes!

Australian  
Dental Health