

**PATIENT CONSENT FORM: FOR COLLECTION, USE AND DISCLOSURE OF
PERSONAL INFORMATION**

In compliance with the recent federal legislation, the Personal Information Protection and Electronic Documents Act (PIPEDA) effective as of January 1, 2004 we must have our patients read and sign this form.

Privacy of your personal information is an important part of our office providing you with quality dental care. We understand the importance of protecting your personal information. We are committed to collecting, using and disclosing your personal information responsibly. We also try to be as open and transparent as possible about the way we handle your personal information. It is important to us to provide this service to our patients.

In this office, Carmen Romagnuolo acts as the Privacy Information Officer.

By signing the consent section of this Patient Consent Form, you have agreed that you have given your informed consent to the collection, use and/or disclosure of your personal information for the purposes of ensuring we offer you high quality care.

Do not hesitate to discuss our policies with me or any member of our office staff.

Please be assured that every staff person in our office is committed to ensuring that you receive the best quality dental care.

I know that your office has a Privacy Code, and I can ask to see the Code at any time.

I agree that **EGLINTON SQUARE DENTAL CENTRE** can collect, use and disclose personal information about _____ mainly for insurance purposes and referrals to specialists.

signature

print name

date

signature of witness