



UXBRIDGE FAMILY DENTISTRY

Dr. Michael Banh & Associates

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

Attached to this consent form, we have outlined what our office's Privacy Policy is doing to ensure that:

- only necessary information is collected about you;
- we only share your information with your consent;
- storage, retention and destruction of your personal information complies with existing legislation, and privacy protection protocols;
- our privacy protocols comply with privacy legislation, standards of our regulatory body, the Royal College of Dental Surgeons of Ontario, and the law.

Rest assured that our office is committed to ensuring that you receive the best quality dental care. Do not hesitate to discuss our policies with Dr. Michael Banh or any member of the office staff.

I have reviewed and understand Uxbridge Family Dentistry's Privacy Policy, which explains how my personal information is used and the steps the office is taking to protect my information. I know I can ask to see the Policy at any time.

I agree that **Dr. Michael Banh, his associates, and members of staff** may collect, use, and disclose personal information for the following individual(s) as set out in the office's privacy policy:

Print Name(s): _____

Print Name:

Signature

Date

Signatures of Witness