

Dr. Jeff Sumner
Dr. Cindy Bullough

232 Lawrence Avenue
Kitchener, ON N2M 1Y4
(519) 744-6533

Patient Name: _____

Patient Consent Form:
For Collection, Use and Disclosure of Personal Information

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.

Our office has posted a Privacy Code (located in the waiting room) that explains the steps we will take to ensure proper protection of your information.

In this office the receptionist acts as the Privacy Information Officer. Should you have any questions or concerns please contact her.

I consent to the collection of my personal information by Dr. Sumner and Dr. Bullough and their staff for the purpose of my dental care.

I further give permission for Dr. Sumner and Dr. Bullough to release my personal information to other health care providers, as they deem necessary and to my insurance agency (if applicable) for reimbursement and pre-determinations.

I agree that Dr. Sumner and Dr. Bullough can collect, use and disclose information as set out in the office's privacy policies.

DENTISTRY on LAWRENCE
Family & Cosmetic Dentistry

Signature

Print Name

Witness

Date