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CREDIT VALLEY DENTAL PATIENT CONSENT

Privacy of your personal health information is an important part of our office providing you with quality dental care. We understand the importance of protecting your personal health information. We are committed to collecting, using and disclosing your personal health information responsibly. We also try to be as open and transparent as possible about the way we handle your personal health information. It is important to us to provide this service to our patients. In this office, Dr. Shuxin Liu/Dr.Frank Young/Dr.Kristine Hang is the contact person for personal health information related matters. All staff members who come in contact with your personal health information are aware of the sensitive nature of the information that you have disclosed to us.

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 health information for the purposes that are listed. You may withdraw your consent for use or disclosure of your personal health information at any time.

Your personal health information may be accessed by regulatory authorities under the terms of the Regulated Health Professions Act (RHPA) for the purposes of the Royal College of Dental Surgeons of Ontario fulfilling its mandate under the RHPA.

Patient Consent

I have reviewed the above information that explains how your office will use my personal health information, and the steps your office is taking to protect my information. I agree that Dr. Shuxin Liu/Dr.Frank Young/Dr.Kristine Hang can collect, use and disclose personal health information about _____ as set out above in the information about the office's privacy policies.

Signature _____

Print name _____

Date _____

Signature of witness _____