

# DR. BARRY RUBINOFF, Dip. Paedo.

## PAEDIATRIC DENTISTRY

1560 YONGE STREET  
SUITE 218  
TORONTO, ONTARIO M4T 2S9  
PHONE (416) 922-2668

1 PROMENADE CIRCLE  
HEALTH COURT, 3RD FLOOR  
THORNHILL, ONTARIO L4J 4P8  
PHONE (905) 882-9888

### **PATIENT CONSENT FORM**

**(PLEASE PRINT WHERE APPLICABLE)**

By Signing the consent section of the patient Consent Form, you have agreed that you have given informed consent to the collection, use and/or disclosure of your personal information for the purposes that are listed. If a new purpose arises for the use and/or disclosure of your personal information, we will seek your approval in advance.

Your information may be accessed by regulatory authorities under the terms of the Regulated Health Professions Act (RHPA) and for the defence of a legal issue.

Our office will not under any conditions supply your insurer with your confidential medical history. In the even this kind of a request is made, we will forward the information directly to you for review, and for your specific consent.

When unusual requests are received, we will contact you for permission to release such information. We may also advise you if such a release is inappropriate.

You may withdraw you consent for use or disclosure of your personal information, and we will explain the ramifications of that decision, and the process.

### **Patient Consent:**

I have reviewed the above information that explains how your office will use my personal information, and the steps your office is taking to protect my information.

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

I agree that \_\_\_\_\_ (Name of clinic or doctor) can collect, use and disclose personal information about \_\_\_\_\_ (Patient's name) as set out above in the information about the office's privacy policies.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Date \_\_\_\_\_ Signature of Witness \_\_\_\_\_

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Date \_\_\_\_\_ Signature of Witness \_\_\_\_\_