PERSONAL INFORMATION POLICY

CONSENT FORM

I understand that, Queensville Veterinary Clinic has a Personal Information Policy in accordance with the requirements of the Personal Information Protection and Electronic Documents Act.

By signing below, I am consenting to the collection, use and disclosure of my personal information (such as my home telephone number and address) in accordance with the purposes set out in the Policy, which include the following:

1. maintaining complete and accurate client files, and complying with the

requirements of the College of Veterinarians of Ontario, the Veterinarians Act and regulations under the Act;

1. providing goods and services to veterinary clients, including contacting

clients to schedule appointments and follow up on patient treatment, billing for goods and services and notifying clients about new services and promotional offers; and

1. communicating and working with third parties providing veterinary

medical or other services to clients, including other veterinary facilities and insurance companies which may pay for all or part of the cost of such services.

iv. to bill for goods and services and to collect unpaid accounts.

I understand that:

1. my personal information will not be used or disclosed for purposes other

than those for which it was collected, except with my consent, or except where use or disclosure is require by law;

1. I have the right to view my personal information and have it amended, if

inaccurate or incomplete; and

1. a copy of the Policy will be provided on request.

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRINTED NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_