



WELLNESS DENTURE

— C L I N I C —

Consent to Collect and Disclose Personal Information

I hereby give consent to Wellness Denture Clinic (OLGA HALETSKAIA DD) to retain, use, and share information for the purpose of providing/delivering denture service. Personal information that is collected, retained, used and disclosed may include, without limitation; your name, age, contact information, health benefit information, personal health information, and other information deemed necessary to fulfill the following purposes:

- To perform the assessment and complete the denture services.
- To comply with the patient charting requirements of regulatory bodies.
- To determine best clinical practices, including: chart audits, analyzing assessment data for research purposes and best practices.
- To store charts and information as required by privacy and security law.

I understand that Wellness Denture Clinic will use and disclose only personal information required to fulfill the purpose listed above. Wellness Denture Clinic shall not use my personal information for purposes other than those noted above without my consent and I understand that my consent can be revoked in writing at any time.

I understand that I may request a copy of Wellness Denture Clinic's Privacy Policy and it will be provided immediately on request. I understand I may ask the Wellness Denture Clinic's Privacy Officer any questions about my personal information, and to allow me to review my personal information.

Signature of Patient or Legal Guardian

Date: