

## PRIVACY CONSENT FORM

By checking the **privacy consent collection and use form policy checkbox** contained on the online form you are submitting, you are agreeing that you have read and reviewed this consent form and agree to the collection, transmission and use of Information as outlined below.

### **Personal Information Definition:**

For the purposes of this consent form personal information is identified as any and all information you have entered on the online form you are submitting as well as the IP address and / or MAC address of the electronic device the form is being sent from.

### **Personal Information Data Collection:**

The personal information you provided on the online form you are submitting is collected in compliance with the Personal Information Protection and Electronic Documents Act (PIPEDA) and the Personal Health Information Protection Act (PHIPA).

### **Personal Information Data usage:**

The personal information you provided on the online form you are submitting will be used for the sole purpose of processing and responding to your request for service as identified on the online community support services form you are submitting.

### **Personal Information Data Transmission, Access and Retention:**

The personal information you provided on the online form you are submitting is collected and transmitted through a secure SHA-2 256-bit encrypted connection to RIVER HILL DENTAL when you submit your request.

### **Personal Information Data withdrawal of consent:**

You can revoke your consent for the collection and use of the personal information you provided on the online form you are submitting by contacting RIVER HILL DENTAL at [riverhilldentals@gmail.com](mailto:riverhilldentals@gmail.com).