

## Dr. Robert Wright Veterinary Services

### PERSONAL INFORMATION POLICY CONSENT FORM

I understand that Dr. Robert Wright Veterinary Services 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 phone number and address) in accordance with the purposes set out in the Policy, which include the following:

- i. 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;
- ii. 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
- i. 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 or the cost of such services.

I understand that:

- i. 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 required by law;
- ii. I have the right to view my personal information and have it amended, if inaccurate or incomplete; and
- iii. The Personal Information Policy for Dr. Robert Wright Veterinary Services is posted on our website ([www.pawsitiveexpress.com](http://www.pawsitiveexpress.com)) and a written copy will be provided on request.

Please name an alternate person or persons that may be involved in the health care of your pet(s) to whom information may be disclosed.

(ie. Parent, spouse, or child or other) \_\_\_\_\_

Client Name (*please print*): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_