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### ACCENT ORTHODONTICS PERSONAL INFORMATION CONSENT

Our office is dedicated to protecting your privacy in a professional and responsible manner. This form summarizes the personal information that we collect, use and disclose. In addition to the circumstances described in the form, we also collect, use and disclose personal information when permitted or required by law.

We retain personal information such as names, home addresses, home telephone numbers, work telephone numbers and cell phone numbers. This includes financial information as well. This personal information is collected and used for the following purposes:

- To open and update patient files.
- To invoice patients for orthodontic services, to process credit card payments, or to collect unpaid accounts.
- To send reminders to patients concerning the need for further orthodontic appointments.
- To send patients informative material about our dental practice.

We collect information from our patients about their health history, their family health history, physical condition and previous dental treatments. Patient's medical information is collected and used for the purpose of diagnosing orthodontic conditions and providing orthodontic treatment. Professionals we may disclose information to are:

- To other dentists and dental specialists if the patient, with their consent has been referred by us.
- To other dentist and dental specialists where those dentists have asked us, with consent of the patient, to provide a second opinion.
- To other health care professional such as physicians if the patient, with their consent, has been referred by us, for either a second opinion or treatment.

We treat you personal information with respect and care. For purposes of security, only persons authorized by Accent Orthodontics can review this information.

*I give Accent Orthodontics consent to retain, use and disclose my personal information as stated above.*

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Signature Patient/Parent/Guardian