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Consent form for the collection and use of personal information of a minor (under 14 years of age)

\_\_\_\_\_

I, \_\_\_\_\_, hereby give my consent to Soins dentaires Côté Gilbert for the collection, use and disclosure of the personal information of the minor, \_\_\_\_\_, for whom I am the legal guardian, and this, for the purpose of providing dental services.

I acknowledge that I have received information about how this personal information will be collected, used, shared, stored and protected.

I acknowledge that I have received information about the rights regarding this personal information.

The above information can be found in the privacy policy of Soins dentaires Côté Gilbert.

I understand that this consent is valid for as long as the minor is a patient of Soins dentaires Côté Gilbert and that I may withdraw consent to the collection and use of the personal information of \_\_\_\_\_ at any time according to the procedure described in the privacy policy of Soins dentaires Côté Gilbert. However, this may prevent Soins dentaires Côté Gilbert from providing further dental services.

I have read and understood the above information and voluntarily consent to the collection and use of the personal information as described.

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

Printed name: \_\_\_\_\_

Printed name of minor : \_\_\_\_\_

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

Day/month/year

