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

\_\_\_\_\_

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

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

I acknowledge that I have received information about my rights regarding my 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 I am a patient of Soins dentaires Côté Gilbert and that I may withdraw consent to the collection and use of my personal information 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 me with further dental services

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

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

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

Date: \_\_\_\_\_  
Day/month/year