



**PERSONAL INFORMATION PROTECTION & ELECTRONICS DOCUMENT ACT
CONSENT FORM**

Keeping your personal information private is important to us. We are committed to collecting, using and disclosing your personal information responsibly and only as necessary for the purposes we identify to you.

We want you to understand why we collect your personal information, what we will do with it and how we will protect it. If you have any questions, please ask us. Our Privacy Officer is Terri Selle. She may be contacted at 613-735-0776 or terri@heritagehearing.ca

CONSENT REGARDING PERSONAL INFORMATION

I understand that Heritage Hearing Care Inc will only collect, use and disclose personal information to serve identified client needs, and will maintain the security and privacy of this information in accordance with its privacy policy.

I have been allowed access to (and understand my continuing right for access to) Heritage Hearing Care's privacy policy and I have been given a chance to ask questions.

I understand that I may receive minor notices, newsletters and other informational material. If, at any time, I do not wish to receive such material, I will advise Heritage Hearing Care that I have withdrawn my consent.

I therefore consent to the collection, by Heritage Hearing Care of any necessary personal information.

Signature _____ Date _____

Printed Name _____

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"Helping Ears to Hear"
