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**Express Consent for Email and Text Correspondence**

**At Kingston West Dental Centre, we will only use email or text messages for:**

**Appointment scheduling and confirmations, financial matters and insurance related matters. We will not send you any social media, newsletters or marketing material.**

It allows us to communicate with you more efficiently.

To comply with the Canadian Anti-Spam Legislation (CASL), our dental office would like to have your express consent to continue communicating with you and providing you with important information from us. We are committed to never sending spam emails and our privacy policy will always protect your electronic information.

Spam” refers to any unsolicited Commercial Electronic Messages (or CEMs) that have been sent without consent. In that light, we require all CEMs from our Office to be in compliance with Privacy Laws. If and when we communicate with you using CEMs, you can opt out of receiving such messages by following the “Unsubscribe” link included at the bottom of such messages or by replying to a text, indicating to be removed from future texts.

In the event that our office inadvertently sends out a CEM without consent, we commit to investigating every such instance and assisting the employee(s) or managers involved with renewing their understanding and awareness of our compliance responsibilities.

If you decide to opt in and continue receiving emails, please know that you may opt out at any time and withdraw your consent.

Yes, I consent to receive emails from Kingston West Dental Centre regarding myself and/or the following members of my family. Please list all family members by name:

\_\_\_\_\_

Email address: \_\_\_\_\_

No, thank you. I wish to opt out of future emails from Kingston West Dental Centre

Yes, I consent to receiving text messages from Kingston West Dental Centre regarding myself and/or the following members of my family. Please list all family members by name:

\_\_\_\_\_

Cell: \_\_\_\_\_

No thank you. I wish to opt out of future text messages from Kingston West Dental Centre.

Signature: Patient/Parent/Guardian

Date (D/M/Y)