



MANITOBA DENTAL ASSOCIATION
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CONSENT FOR PERSONAL INFORMATION FORM

The Manitoba Dental Association (MDA) requires your informed consent prior to registering you as a member. Please read the following information carefully and sign below.

The MDA is the organization authorized by statute to register and license dental assistants and dentists in the Province of Manitoba. Our enabling legislation is *The Dental Association Act (The Act)*.

I understand that in order to fulfill its statutory mandate, the MDA will collect regulatory information about me including: my name; photograph; mailing and work addresses; health; third party liability protection; education (transcripts, degrees, diplomas or letter(s) from my school confirming my enrollment in or graduation from a dental training programme); and regulatory or legal conduct.

I understand information collected by the MDA will be used for regulatory purposes as authorized by *The Act* and its bylaws. Information specified by legislation shall be published.

I understand that, in the interest of public safety, the MDA may release information as authorized by *The Act* or to other dental regulatory authorities if the MDA considers, in its sole discretion, that such disclosure is appropriate.

I understand that the MDA will retain my personal information indefinitely.

I understand the MDA shall not release my information for non-regulatory purposes without my consent. In order for the MDA to be able to provide personal information to these organizations, please initial the groups you consent to allow disclosure:

_____ Education institutions, dental associations, and dental supply companies for continuing education purposes only

_____ Dental supply companies and other business for dental product marketing

_____ Independent consultants under contract with the MDA to analyze data for research purposes

If the MDA does not receive your consent, personal information about you will not be provided to any such organization. If such organizations wish to provide information to you, or to discuss an issue with you, arrangements will have to be made directly between you and that organization.

I have read and understand the nature and extent of the access that I have authorized with this consent. I have been advised by the Association to obtain legal advice prior to executing this consent. I have had sufficient opportunity to obtain legal advice and have done so to the degree I feel is appropriate.

I hereby give my consent to the MDA for the collection, use, disclosure and protection of my information.

APPLICANT SIGNATURE

DATE SIGNED (MM/DD/YYYY)