



Patient Consent

I have reviewed the information that explains how your office will use my child's personal information and the steps your office is taking to protect my child's information.

I know that your office has a Privacy Code and I can ask to see the Code at any time.

I agree that **Dr. Raj-Deep Mahal** can collect, use and disclose personal information about _____ as set in the information about the office's Privacy Policies. I consent to the use of my email address and cell number for the purposes of appointment confirmation, reminders and reviews/surveys.

Signature

Print Name

Date

Signature of Witness