

## **Notification and Consent for Camera Surveillance (effective as of 1 February 2026)**

### **Dental Practice Core Dental**

Willemstraat 27  
7551 DL Hengelo  
The Netherlands

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### **Information about Camera Surveillance**

Within our dental practice, **camera surveillance is used, including in treatment rooms**. This surveillance is implemented **solely to ensure the safety of patients and staff**, and for the prevention and/or recording of incidents. Cameras are **not installed in toilets or other areas where privacy is required**.

We are aware of the sensitive nature of camera surveillance in treatment areas and act in accordance with the **General Data Protection Regulation (GDPR) in the Netherlands called AVG**.

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### **Purpose of Camera Surveillance**

- Ensuring the safety of patients and staff
- Prevention and recording of aggression, inappropriate behavior, or incidents
- Support in the investigation of incidents, where necessary

The cameras are **not used for**:

- Assessment of medical or dental treatments
  - Monitoring employee performance
  - Training or educational purposes
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### **Handling of Camera Footage**

- Camera footage is handled confidentially and with due care
  - Footage is viewed only by authorized personnel
  - Footage is retained no longer than strictly necessary
  - Footage is not shared with third parties unless legally required (e.g. police or judicial authorities)
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## Your Rights

You have the right to:

- Request access to camera footage in which you are identifiable
  - Request correction or deletion of footage, insofar as legally permitted
  - Withdraw your consent at any time
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## Consent Declaration

The undersigned hereby declares:

- To have been fully informed about the use of camera surveillance within the dental practice
- To understand that camera surveillance also takes place in the treatment room
- To have read and understood the above information
- To voluntarily and explicitly give consent for camera surveillance during treatment

**I give consent for camera surveillance in the treatment room**

**Patient name:** .....

**Date of birth:** .....

**Signature of patient / legal representative:** .....

**Date:** .....

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## Consent Declaration for Camera Surveillance of a Minor Patient

The undersigned, being the legal representative of the minor patient, hereby declares:

**I hereby explicitly and voluntarily give consent** for camera surveillance during the treatment of the minor patient.

**Name of minor patient:** .....

**Date of birth:** .....

**Name of legal representative:** .....

**Relationship to patient:** .....

**Signature:** .....

**Date:** .....