

PATIENT PRIVACY PROTECTION FORM

Edinburgh Optometry Clinic

NOTE TO PATIENT: We want your informed consent. This means that we want you to understand the services we will provide to you, and what we do with personal information we obtain about you. If you have a question on any of this, please ask.

CONSENT FOR PERSONAL INFORMATION

I understand that to provide me with optometric services and products Edinburgh Optometry Clinic will collect some personal information about me (e.g. home telephone number, address, OHIP number, medications used).

I have reviewed Edinburgh Optometry Clinic Privacy Policy with respect to the collection, use and disclosure of personal information, steps taken to protect the information and my right to review my personal information. I understand how the Privacy Policy applies to me. I have been given a chance to ask any questions I have about the Privacy Policy and they have been answered to my satisfaction.

I understand that I may receive without request, some of the following notices and information. If I do not want to receive some of this information, I agree to advise Edinburgh Optometry Clinic of my refusal in writing.

- Notice when it is time to review my eye and vision care needs, including reminder notices for another eye examination
- Newsletters and other informational mailings from Edinburgh Optometry Clinic
- Notice of promotions and special offers from Edinburgh Optometry Clinic
- Notice of promotions and special offers from other organizations that Edinburgh Optometry Clinic understands might be of interest to me.

I understand that, as explained in the Privacy Policy, there are some rare exceptions to these commitments.

I agree to Edinburgh Optometry Clinic collecting, using and disclosing personal information about me as set out above and in Edinburgh Optometry Clinic's Privacy Policy.

SIGNATURE: _____ DATE: _____

PRINTED NAME:

NOTES MADE BY EDINBURGH OPTOMETRY CLINIC
