



Patient Privacy Protection

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 your personal information we obtain about you. If you have any questions about this form, please feel free to ask us.

Consent for Personal Information:

I understand that to provide me with optometric services and products, Drs. Brant, Khanna & Thornton will collect some personal information about me (eg. Home telephone number, address, health card number, date of birth, current medications, examination findings, etc). This information may be used as described below in order to provide me with proper vision care:

1. Information given to technicians or opticians to order spectacles, contact lenses, or other vision care products for me.
2. Information given to insurance companies regarding spectacle or contact lenses so that my insurance claim can be processed.
3. Information given to other regulated health care providers (eg. Family physicians, ophthalmologists, and other specialists) so that complete health care can be provided to me.

If I do not want my personal information released as described above, I agree to advise Drs. Brant, Khanna, & Thornton of my refusal in writing.

Consent to Receive Information:

I understand that I may receive, without request, notice when it is time to review my vision care needs, including reminder notices for another eye examination. If I do not wish to receive this information I agree to advise Drs. Brant, Khanna, & Thornton of my refusal in writing.

I understand that, as stated in this Privacy Policy, there are some rare exceptions to these commitments. I understand how this Privacy Policy applies to me. A copy of this privacy policy has been made available to me (if requested). I have been given a chance to ask any questions I have about this Privacy Policy and they have been answered to my satisfaction. I agree to Drs. Brant, Khanna, & Thornton collecting, using, and disclosing my personal information as set out above.

Signature: _____ Date: _____.

Name (printed): _____.