



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 the personal information we obtain from you. If you have any questions about this form, please feel free to ask us. If you do not want your personal information released as described below, please advise Drs. Brant, Khanna, & Thornton of your refusal in writing.

Consent for Personal Information:

To provide you with ophthalmic care, Drs. Brant, Khanna & Thornton will collect some of your personal information (eg. contact information, health card number, birthdate, medications, examination findings, etc). This information may be used as described below in order to provide you with proper vision care:

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

Consent to Receive Information:

We are required to obtain your consent in order to send you communications. These communications may include service receipts, prescriptions and appointment notifications. Communication methods may include telephone, mail, voice mail, and electronic transmissions such as text and e-mail. Please note that electronic communication is **not** considered a secure method of information transmission. You agree to advise Drs. Brant, Khanna, & Thornton of your refusal in writing if you do not want these communications.

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: _____.

Printed Name: _____.