

## Consent Form for Personal Information Processing

I, \_\_\_\_\_, hereby authorize [name of the entity] to collect, use, retain and disclose personal information about me as described in this Form.

I understand that, in connection with my use of [name of entity]'s optometry services, the following personal information about me may be collected, used, retained and disclosed:

- a. First and last name
- b. Gender
- c. Language
- d. Contact information (e.g., address, phone number)
- e. Payment information (e.g., banking information, credit or debit card details)
- f. Personal health information (e.g., medical history including prevailing medical conditions, prescriptions, issues with vision, results of medical examinations)

I understand that my personal information will be collected for the following purposes:

- 1. Treatment. [name of entity] may use or disclose my personal information for purposes related to my treatment, including optometric exams and other healthcare services that I request.
- 2. Payment. [name of entity] may use or disclose my personal information in order to facilitate payments, including billing, processing payments, submitting insurance claims and disclosure to consumer reporting agencies.
- 3. Business Operations. [name of entity] may use or disclose personal information about me for its business operations, including service quality assurance and business compliance activities.

I understand that [name of entity] may disclose my personal information to the following third parties in connection with the stated purposes:

- a) to my treating optometrist, ophthalmologist, optician, or other healthcare providers
- b) to its vendors, service providers or consultants, namely [Note: to be completed]
- c) to a family member, friend, or other person to the extent necessary to help me with my treatment or payment as described above, and only if I provide [name of entity] my express consent

I understand that if I require assistance to understand the consent requested and its implications, if I wish to exercise my right to access or rectify my personal information, or if I wish to withdraw my consent at any time, I may contact [name of entity]'s Privacy Officer at [●]. Further information is available here [include link to privacy policy.]

I understand that this consent will be valid until it is no longer required for the stated purposes or if I withdraw it. I understand that [name of entity] will only request new consent if these purposes change or if new collections, uses or disclosures are implemented.

**I consent** to the collection, use and disclosure of my personal information as described in this form.

**I do not consent** to the collection, use and disclosure of my personal information as described in this form.

I acknowledge that I have read and understood the privacy policy.

Participant's/Legal Guardian's signature \_\_\_\_\_ Date \_\_\_\_\_

Participant's Printed Name \_\_\_\_\_