

(sample – written patient consent template)

<insert name of optometrist or name of optometry clinic>

PATIENT CONSENT FORM

I have reviewed the privacy policy of <insert name of optometrist or name of optometry clinic> and I understand how this Privacy Policy applies to me.

I understand that the personal information collected about me and held by <insert name of optometrist or name of optometry clinic> will be limited to that which is necessary and as outlined in this privacy policy.

I agree to <insert name of optometrist or name of optometry clinic> collecting, using and disclosing personal information about me as outlined in this privacy policy.

I have been assured that <insert name of optometrist or name of optometry clinic> will keep my personal information confidential and secure and that a copy of the practice's privacy policy in this regard is available to me upon request, as is the information recorded about me.

PATIENT SIGNATURE: _____

PATIENT PRINTED NAME: _____

DATE: _____

NOTES: