

DR. HARVEY MAYERS O.D. F.A.A.O

Optometrist

Clarica Centre

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PATIENT PRIVACY PROTECTION FORM

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 Dr. Harvey Mayers will collect some personal information about me (e.g. home telephone number, address, OHIP number, medications used)

I have reviewed Dr. Harvey Mayers 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 notices and information. If I DO NOT want to receive some of this information, I agree to advise Dr. Harvey Mayers my refusal in writing.

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

I agree to Dr. Harvey Mayers collecting, using and disclosing personal information about me as set out above and in Dr. Harvey Mayers' Privacy Policy.

Signature: _____ **Date:** _____

Printed Name: _____

Notes made by Dr. Harvey Mayers
