



FEE CONSENT FORM

I _____ hereby consent to:

- Providing my credit card information to enable STC Optometry to set-up contactless payment for my visit
- Accepting payment receipts and prescriptions via email
- Providing my personal health information to ensure the time I spend in the office is efficient and focused on my medical care
- Being automatically charged a fee of \$50.00 if I do not attend my appointment or cancel with less than 24 hours notice

NOTICE OF COLLECTION OF PERSONAL INFORMATION AND CONSENT TO COLLECT

“We” and “our” mean the following Optometric practice: STC Optometry

READ CAREFULLY BEFORE SIGNING: By signing this form, you consent to our collection of the information above.

We collect, use and share your personal information for the following purposes: your ongoing eye care; to provide services to you; to understand your eligibility for benefits and/or services; to arrange payment for services; and as required by law.

The collection of this information is authorized by the Health Insurance Act, Optometry Act, Regulated Health Professions Act and Health Protection and Promotion Act.

We will take all reasonable steps to ensure that your personal information is treated confidentially and is only used for the purposes it was collected. We will take all reasonable steps to prevent unauthorized access, use or disclosure of your personal information.

You may obtain access to your personal information stored by us in accordance with the Personal Health Information Protection Act by making a written request to: info@stcoptometry.com

More information about our collection, handling and protection of personal information is available in our privacy policy, posted online at: www.stcoptometry.com

If you would like to make a comment or complaint regarding the collection, use, disclosure or handling of your personal information you may contact: Dr. Mandeep Bains

You also have the right to complain to the Information Privacy Commissioner / Ontario, 1400-2 Bloor Street East, Toronto, ON M4W 1A8 (800-387-0073)

I, _____ have read the information on this form and DO consent to the above.

Signed: _____ Date: _____