



Patient Consent Form

Welcome to Eyecare Eyewear.

To ensure we provide you with the best possible eyecare, we require your consent for various aspects of your visit and treatment. This document outlines our procedures and your rights, supplementing our comprehensive Privacy Policy, which is available at www.ecew.com.au. By signing below, you acknowledge that you have read, understood, and agree to the terms outlined in this consent form.

1. Collection and Use of Patient Information

By registering as a patient, you consent to our Optometrists and practice staff collecting, accessing, and using your personal information, including your health information, as detailed in our Privacy Policy. This information is essential for managing your eyecare and for directly related business activities such as financial claims, practice audits, and marketing. We collect information such as your name, date of birth, contact details, medical history, medications, allergies, Medicare number, healthcare identifiers, and health fund details. We may collect this information during your registration, throughout your optometry services, and through interactions via our website, email, SMS, phone, or social media. We may also collect information from other sources when it is impractical to collect directly from you.

2. Photographs, Video, and Audio Recording

During your examination and treatment, it may be necessary to take photographs, video recordings, or audio recordings of your eyes or other relevant areas for diagnostic, documentation, and educational purposes. These recordings are part of your medical record and will be handled with the same confidentiality as all other patient information, in accordance with our Privacy Policy. Your consent allows us to capture and store these visual and audio records.

3. Physical Contact During Examination and Dispensing

As part of a thorough optometric examination and the dispensing of glasses or contact lenses, our Optometrists and practice staff will need to have physical contact with you. This includes, but is not limited to, touching your face, eyelids, and around your eyes during procedures such as slit lamp examination, tonometry (eye pressure measurement), fundus examination, and the fitting and adjustment of eyewear. This contact is essential for accurate diagnosis, treatment, and proper fitting of optical aids.

4. Use of Email for Referrals and Reports

You consent to the use of email for sharing referrals to other healthcare providers and for sending reports related to your eyecare. While we take reasonable steps to ensure the security of electronic communications, you acknowledge that there are inherent risks associated with transmitting information via email.

5. Requesting Information from Previous Optometrists

To ensure continuity of care and to gain a comprehensive understanding of your ocular history, you consent to Eyecare Eyewear requesting and obtaining relevant patient information and records from your previous optometrists or other healthcare providers.

6. Exposure to Flashes and Bright Light During Examination

During your eye examination, you will be exposed to flashes of light and short periods of bright light from various diagnostic instruments. These are necessary for a thorough assessment of your eye health and vision.



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7. Use of Approved Optometric Diagnostic Eye Drops

You consent to the administration of approved optometric diagnostic eye drops, including mydriatic (to dilate pupils) and cycloplegic (to temporarily paralyze the focusing muscle and dilate pupils) eye drops, as deemed necessary by your Optometrist. You understand that these drops can affect your pupil size, your eye's ability to regulate light, and may reduce your ability to focus (accommodation) for several hours after administration. You will be advised of the potential side effects and precautions, such as temporary blurred vision and light sensitivity, and it is recommended that you do not drive or operate heavy machinery until the effects have worn off.

8. Special Procedures

For special procedures, such as Intense Pulsed Light (IPL) therapy, a separate, specific consent form will be provided for your review and approval prior to the commencement of these procedures.

Privacy Policy Acknowledgment

You acknowledge that you have been provided with access to and understand the Eyecare Eyewear Privacy Policy, which details how your personal information is collected, used, held, and shared, as well as your rights regarding access and correction of your information, and how to lodge a privacy-related complaint.

Consent

I, the undersigned patient (or legal guardian/parent if the patient is under 18), confirm that I have read and understood the information provided in this consent form. I have had the opportunity to ask questions and have received satisfactory answers. I voluntarily consent to the optometric services provided by Eyecare Eyewear as described above.