



Dr. Bryan Friedmann
OPTOMETRIST

Privacy Policy and Consent Form

For Dr. Bryan Friedmann to understand your situation and help you, his office will need to collect some health-related personal information about you. If needed, this information may be **shared with other medical practitioners as it pertains to your care**. Our clinic's Notice of Privacy Practices (NPP) complies with the Privacy Regulations issued by Health Canada, and it is in accordance with the **Personal Information Protection Act of British Columbia (PIPA)**.

Your **Protected Health Information** contains identifiers like your name, personal health number, address, medications used, or other information that reveals who you are. Your optometric records also display your personal health information. We understand that your health information is personal to you and we are committed to protecting it.

Use and Disclosure of Protected Health Information

Dr. Bryan Friedmann and his staff are **legally required to maintain your personal health related information confidential**. Our office has policies, procedures and other safeguards in place that protect your Personal Health Information from improper use and disclosure. These policies are described in further detail below:

- 1. Treatment:** If necessary, medical information may be shared with other healthcare providers directly involved in patient care. For example, a referral to a specialist will require the disclosure of Personal Health Information.
- 2. Appointment and Patient Recall Reminders:** Personal Health Information may be used to contact patients as a reminder of a scheduled appointment.
- 3. Payment:** Personal Health Information may be used and disclosed to extended health insurance companies on the patient's behalf for the purposes of payment for services.
- 4. Lawsuits and Other Legal Disputes:** Personal Health Information may be used and disclosed to respond to a court or administrative order, a subpoena, or a discovery request, or to defend any lawsuit arbitration.
- 5. Other Uses and Disclosures:** Release of Personal Health Information in situations not covered by this notice will occur only with your written permission unless it can be reasonably inferred from the statements above.
- 6. Revoking Permissions:** Permissions to share Personal Health Information may be revoked in writing at any time. We are unable to take back any previous disclosures made when previous permissions were in effect.

I, _____ (Patient Name) hereby give permission to Dr. Bryan Friedmann and his staff to collect and disclose my Personal Health Information to other healthcare providers directly involved in my care. I understand that my Personal Health Information will be protected in accordance with the above Privacy Policy and in compliance with the Personal Information Protection and Electronics Documents Act of British Columbia (PIPEDA).

Patient Signature _____

Date _____