

TAKING CARE OF YOU & YOUR HEALTH INFORMATION

--- The Glasses Half Full Privacy Policy ---

Glasses Half Full respects your confidentiality and privacy. When you receive health services from us, we will collect individually identifying health information in accordance with the provisions of the Health Information Act (HIA), and we will communicate with you electronically in accordance with the provisions of the Canadian Anti-Spam Legislation (CASL).

We will collect health information directly from you, except in the limited circumstances where we are authorized under HIA to indirectly collect such information.

Our primary purposes in collecting your health information & communicating with you electronically are:

- To provide ongoing diagnostic, treatment, and care services to you
- To determine or verify your eligibility for health services
- To bill the Alberta Health Care Insurance Plan and other insurance providers for our services

Glasses Half Full will only collect, use, and disclose your health information in accordance with the provisions of HIA. We will also protect your health information from unauthorized access, use, disclosure, or destruction per the privacy provisions of the HIA.

In accordance with section 34 of the HIA, we also require your written consent to post photos of your successful glasses and contact lens fits on social media and to share them with your first name on your social media profile (if you have one). This will be used to market our unique services including independent eyeglasses and custom contact lenses to the Edmonton area and to the online community. You will be given the opportunity to review and approve or reject any photos of you before they are posted on social media, or to opt out from us sharing photos with your profile.

By signing this document, you signify that you agree that we can communicate with you electronically, and that we can use and disclose your health information to treat you, to obtain payment for our services, to perform health care operations, to post photos of your successful glasses and contact lens fits on social media, and to share these photos with your first name on your social media profile. You understand that you may revoke your consent to this at any time, by providing a signed, written statement to that effect. You also acknowledge that you have been asked to consent to the disclosure of the above information, and are aware of the risks and benefits associated with consenting, or refusing to consent, to the disclosure of your individually identifying health information. For more information about this Privacy Policy, please talk to our Clinic Privacy Officer or call (780) 540-3855.

RECEIPT OF NOTICE OF PRIVACY PRACTICES AND CONSENT FORM:

I have read this document and understand it. I consent to receiving electronic communications from Glasses Half Full, and to the use and disclosure of my health information for purposes of treatment, payment, healthcare or clinic operations as described above.

Name of Patient(s): _____

Date: _____

Name of Parent/Guardian: _____
(For patients under the age of 18)

Signature: _____
(Patient or parent/guardian)

