

Consent

I consent to the transfer of my health records to Clarity Optometrists and understand that those records will be held in accordance with Clarity Optometrists' Privacy Policy and:

- For the purposes of providing health care as set out above
- To inform me of reminders or follow-ups
- To inform me of other services or information which is related to me ongoing health care.

My contact details have changed as follows:

- Name:
- Address:
- Phone:
- Email:

(leave blank if no change)

Signed (patient)

(parent or guardian to print full name if signing on behalf of child)

Clarity Optometrists Bulimba
1/134 Oxford St
Bulimba Q 4171
07 3899 4044