



To Consent –

**I am Consenting to an Ultra- Widefield Image and Review of My Retina**

Eye Clinic of Austin providers prefer to adhere to the voluntary standard of periodic widefield observation of the retina by capturing a widefield retinal image for review, baseline purposes and comparison in the future. Our doctors have discovered many important health conditions that would have been missed without following these proper procedures during examinations of the eye.

We all want to protect our gift of sight. Annual eye examinations not only allow your eye doctor to improve the quality of your vision by changing the prescription of your glasses but also provide the opportunity to determine the overall health of your eye from the clear window of the eye (the cornea) to the very back of the eye (the retina).

I have read and understand the benefits of the annual Optomap® Retinal Exam as:

Fast, easy and comfortable.

A permanent record to compare and track potential eye diseases.

An in depth view of nearly the entire retina.

Educational tool for your doctor to discuss your health and wellness

I understand that a widefield view of the retina is an important part of a comprehensive eye exam and that I am declining the Doctor's recommendation to obtain a comprehensive view of my retina.

**I DO** consent to an Ultra-Widefield Image and Review of My Retina and I understand that this is not covered by insurance and I will be paying \$40.00 at check-out today.

**Yes**, I would like to have my Optomap Eye Images e-mailed to me at \_\_\_\_\_ for my records. I fully understand that there is no implied security for health information transmitted by e-mail from the Eye Clinic of Austin.

**Optomap® Image Library of Pathology** - Optos is compiling a registry of Optomap® Images that will be used for educational and marketing purposes and to analyze the prevalence and detection of pathologies in the population. Therefore, we are asking for your consent to include your image(s) in our optomap® Image Registry. All images will be de-identified to protect your privacy according to the Health Insurance Portability and Accountability Act (HIPAA).

**I DO** agree to release this information to Optos for use in their efforts to increase awareness regarding the importance of the Optomap® Retinal Exam. I understand that this information may be used publicly as part of press outreach efforts and that processing of the Image(s), subject always to Optos maintaining my confidentiality and complying with any obligations which it has under HIPAA in relation to the image. (Patient name/ID will not be used.)

**OR**

**I DO NOT** agree to release this information to Optos for use in public outreach efforts to increase awareness regarding the importance of the Optomap® Retinal Exam.

**To Decline –**

**I am Declining the Opportunity for an Ultra-Widefield Image and Review of My Retina**

Please help our office by telling us more about why you have decided to decline the Optomap Retinal Exam presented today, as it is an important part of your eye health care and is highly recommended by your doctor.

Reasons for Declination:

- Cost
- Time
- Recent Retinal Exam
- I have a personal or family history of Diabetes
- I have a personal or family history of High Blood Pressure
- I have a personal history of retinal detachment or retinal disease.
- I am a High Myopia patient with more than a -6.00 spherical correction.
- Other: \_\_\_\_\_

Patient Printed Name: \_\_\_\_\_

Patient/Guardian Signature: \_\_\_\_\_

Guardian Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_