



## Patient Consent to Tele-optometry

I understand that:

- i. During the present covid-19 pandemic in BC the provision of eye care has changed. Optometry clinics are closed and ophthalmologists are seeing only referrals. **Optometrists are providing consultations/exams remotely via tele-optometry for the purposes of diagnosing, managing and treating eye conditions. Cases that require an in person exam will be referred to an on call ophthalmologist. There are no options for in person optometry care in BC at this time.**
- ii. Pacific Eye Doctors optometrists have the licensure and insurance to provide tele-optometry.
- iii. My Pacific Eye Doctor optometrist will have access to my past PED clinic records and will create a new exam record for this appointment which will be added to my permanent PED clinic record.
- iv. Tele-optometry may not allow me the same degree of privacy. There could be possible breach of privacy or interception of information. Technology may not be 100% secure. Encryption may fail.
- v. A tele-optometry consultation/exam does not have the full benefit of a face to face exam. There could be a misunderstanding due to lack of visual cues and/or technical limitations. Hands on physical examination will not be possible.
- vi. If communication is lost during my tele-optometry appointment the doctor will phone me to attempt to regain communication.
- vii. **MSP (Medical Services Plan of BC) may or may not pay part of the tele-optometry consultation/exam fee. I will pay the portion which is not covered. The exam fee will be \$75. If a referral is required there will be an additional fee of \$50. Prior to the appointment I will provide my credit card number securely over the phone for processing after the appointment.**
- viii. **My private extended medical insurance may or may not pay part of the tele-optometry consultation/exam fee. I will submit the invoice to my insurer for possible reimbursement.**

I have read and understood the above and have had my questions answered. I consent to proceeding with tele-optometry care with Pacific Eye Doctors.

*Patient (& Guardian) Name(s)*

*Signature*

*Date*

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