

## CONSENT FORM

For the purposes of the investigation by the syndic of the Ordre des optométristes du Québec, I hereby authorize Dr. Sylvia Campbell, optometrist and unionized member of the Ordre des optométristes du Québec, as well as the assistant syndics, to request and obtain a complete and complete copy of my oculo-visual examination file, my contact lens and/or eyewear file, as well as my medical file and a copy of any other file or document relating to the services required by my ocular condition.

In addition, I authorize him to request and obtain the return of any property that is my property, contact lenses and/or glasses and/or ophthalmic lenses alone, currently in the possession of a third party, optometrist, dispensing optician and/or ophthalmologist.

**Patient Name:**

**Place:**

**Date:**

**Signature of the patient or their authorized representative:**

**To facilitate the identification of your file, please include the following information:**

**Date of birth:**

**Health Insurance Number (RAMQ):**

**Please send this form to the following address:**

*Bureau de la syndique*  
1265 Berri Street, Suite 505, Montreal, Quebec H2L  
4X4 Fax: (514) 499-1051, Email: [syndic@ooq.org](mailto:syndic@ooq.org)

**Notice :** The information requested on this form is for the purpose of enabling the office of the syndic of the Ordre des optométristes du Québec to conduct an investigation and conduct other interventions within its jurisdiction, as provided for in the Professional Code (R.S.Q., c. C-26). The staff of the office of the Order's syndic and other authorized stakeholders under the Professional Code may access this information for the sole purpose of carrying out their duties.

The rights of access and rectification with respect to the information collected using this form include those provided for in the Professional Code and in the Act respecting Access to documents held by public bodies and the Protection of personal information (R.S.Q., c. A-2.1).