

Blue Valley Vision LLC  
455 Blue Valley Drive  
Bangor, PA 18013  
Tel. 610-452-2720  
Fax. 610-452-3199

bvv2015@yahoo.com  
www.bluevalleyvision.net

**PATIENT PRIVACY CONSENT FORM**

At Blue Valley Vision LLC great care has been taken to ensure the privacy and confidentiality of your personal information and health record. Nevertheless, in an effort to serve you better, it may become necessary to share some your information with other stakeholders including but not limited to government authorities, private health care providers, ophthalmic laboratories and our Practice Management software provider, Wink Technologies Inc (hereinafter 'Wink'). The present document is intended to inform you of the relationships we have with some of these entities, to give you an idea of how your information is being used and to obtain your permission to share information with them when necessary.

- i) I hereby understand that Blue Valley Vision LLC may be required to share my personal health information and record with government authorities, private health care providers, ophthalmic labs and some other third parties only on an "as needed" basis or as required by law;
- ii) I hereby understand and agree that my information may be stored locally on a server, but will also be stored off-site in a secure location for purposes of data back-up and practice management by WINK;
- iii) I hereby agree to be contacted personally by Blue Valley Vision LLC or on behalf thereof by a third party (WINK) in order to receive appointment reminders, order confirmations and status updates; and
- iv) I hereby agree to be contacted personally by Blue Valley Vision LLC or on behalf thereof by a third party (WINK) in order to receive information regarding offers, promotions and exclusive sales tailored specifically to my optical needs.

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Patient Name

Patient Signature

Date