



ISPECS APPEAL OPTICAL CENTER DATA PROTECTION CONSENT FORM

Name of Patient _____

Data Collection Consent

I hereby give my consent to I'Specs Appeal Optical Center, its ophthalmologist, optical professionals and administrative staff to collect, process and store my personal data as outlined below for the purpose of providing optical care and treatment in accordance with the Jamaica Data Protection Act.

Type of Data Collected

- Personal Identification and demographics information (e.g. name, date of birth, TRN)
- Contact information (e.g. address, phone number, email)
- Medical History
- Treatment records, Labs
- Payment and insurance details

Purpose of Data Collected

- To ensure personalized and effective ophthalmic care and treatment
- For appointment scheduling and reminders
- To process payments and manage accounts
- To comply with legal and regulatory requirements

Data Sharing and Retention

Your personal data may be shared with:

- Healthcare professionals involved with your care/ treatment plan
- Insurance companies for billing purposes

We will not share your data with third parties for any other purpose without your explicit consent.

Data Security and Retention

I'Specs Appeal Optical Center is committed to protecting the confidentiality and security of your personal data. We employ physical, technical and administrative safeguards to prevent unauthorized access, use or disclosure. Your data will be retained as long as necessary to fulfill the purposes for which it was collected, in compliance with the Jamaica Protection Act.

SHOP 36, HARBOUR CITY MALL,
MARKET STREET, MONTEGO BAY

Tel: (876) 971-0179
Cell: (876) 569-4945



SHOP#1 40 MARKET STREET
FALMOUTH, TRELAWNY

Tel: (876) 617-0402
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info@ispecsappeal.com





Your Right

Under the Jamaican Data Protection Act, you have right to:

- Access your personal data held by us
- Request correction or deletion of incorrect or incomplete data
- Withdraw consent for processing your data, subject to legal or treatment-related constraints
- Lodge a complaint with the Information Commissioner's Office if you believe your data protection rights have been breached.

Consent

By signing below, you confirm that you have read and understood this consent form, and agree to the collection, use and storage of your personal data by I'Specs Appeal Optical Center as described above.

Patient Signature: _____ Date: _____

For Patients under the Age of Consent

If the patient is under age of consent, a parent or legal guardian must read and sign this form on their behalf.

Parent/Guardian Signature _____ Date: _____

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