

Patient Consent Form for IBRA

Version 1.2, 11.03.2019

The IBRA or 'Internet Based Refractive Analysis' software is used to monitor surgical results and to generate report outcomes.

IBRA is owned and licensed by Zubisoft GmbH, a Swiss company whose address is Mandachstrasse 56, CH-8155 Niederhasli, Switzerland ("Zubisoft"). Personal data that you provide for IBRA will be held and processed by Zubisoft.

Either your surgeon will ask you to provide certain information about yourself in order to enrol you on IBRA, or, if you are registering directly, then you will be asked to input certain information yourself.

Further information about IBRA is available via the Zubisoft Privacy Policy here: <https://www.zubisoft.com/resources/privacy.pdf>. This describes the information that Zubisoft will hold about you on IBRA, why Zubisoft needs this information, and how it will be used.

Zubisoft requires your explicit consent in order to collect and process your personal data within IBRA. It is therefore important for you to understand, prior to consenting, how your personal data will be used. Please take time to read the Privacy Policy carefully.

Your personal data will be used only in accordance with the consent that you provide on this Patient Consent Form, and even after giving consent, you may withdraw your consent at any time without giving a reason. Please contact Zubisoft's Data Protection Office at info@zubisoft.com should you wish to withdraw your consent. If you do withdraw your consent, then this may preclude your surgeon from providing treatment.

Declaration by Patient	Tick ✓	
	Yes	No
I have read the Patient Consent Form provided to me, I understand what personal information will be held on IBRA and why, and I agree to my personal data being processed as set out in the Patient Consent Form.	<input type="checkbox"/>	<input type="checkbox"/>
I am over the age of 16 years (if 'No' then consent of responsible adult must be obtained).	<input type="checkbox"/>	<input type="checkbox"/>
(In the case of patient under the age of 16 years) I, as responsible adult for the patient, have read the Patient Consent Form, and I understand what personal information will be held on IBRA and why. I agree to the patient's personal data being processed as set out in the Patient Consent Form.	<input type="checkbox"/>	<input type="checkbox"/>

Patient / responsible adult to complete	Surgeon (where applicable)
Signed	I confirm that I have provided a copy of Zubisoft's Privacy Policy to the patient prior to the patient signing this Patient Consent Form.
Full Name	Signed
Date	Full Name
Please indicate here (with a tick) if signing as responsible adult: <input type="checkbox"/>	Date
	Phone / E-mail