



# Limited Liability Registration

## OREGON BOARD OF OPTOMETRY

### Registry for Limited Liability for Optometrists

(Per ORS 676.340 and OAR 852-050-0022)

Name: \_\_\_\_\_ License Number: \_\_\_\_\_

Primary Practice Location Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

#### I certify that:

1. I will notify the Board of each practice location before providing services.
2. Before providing optometric services to the patient, I will obtain the signature of the patient, or the signature of a person who has authority under law to make health care decisions for the patient, acknowledging receipt of a written statement that notifies the patient that services are provided without compensation and that my liability is limited and that I may not be held liable for any injury, death or other loss arising out of the provision of those services that is caused by my negligence unless the injury, death or other loss results from gross negligence.
3. I will provide optometric services to patients without compensation, except for reimbursement for laboratory fees, testing services, and other out-of-pocket expenses, which must be authorized by the patient prior to incurring the expense.
4. I will provide without compensation only those services that are within the scope of my Active Oregon optometry license.
5. I understand that this registration is effective for two years or until the due date of my next biennial renewal, and I must renew biennially for this limitation of liability to remain in effect. I understand that I will receive no renewal notice for this liability limitation from the Board.
6. I wish the Board to acknowledge receipt of this form by:  
☐ A telephone call to: \_\_\_\_\_  
☐ An email to: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

***Keep a copy for your files.***

**Mail to:** Oregon Board of Optometry, 1500 Liberty Street SE, Suite 210, Salem, Oregon 97302 or

**Email to:** [shelley.g.hanson@obo.oregon.gov](mailto:shelley.g.hanson@obo.oregon.gov) or [melissa.auman@obo.oregon.gov](mailto:melissa.auman@obo.oregon.gov)