

THE EYE SPECIALISTS, LTD.

Patient CONSENT for Physicians to use or disclose health care Information for treatment, payment and health care operations

Patient's Name _____ Date of birth _____

I understand that my health information is private and confidential. I understand that The Eye Specialists, Ltd. works very hard to protect my privacy and preserve the confidentiality of my personal health information.

I understand that signing this document means that The Eye Specialists, Ltd. may use and disclose my personal health information to help provide health care to me, to handle billing and payment, and to take care of other health care operations. Failure to sign this consent may result in the physicians, declining to treat me and or rendering us unable to file your insurance claims.

The Eye Specialists, Ltd. has a detailed document called the "Notice of Privacy Practices". It contains more information about the policies and practices used to protect their patients' privacy. I understand that I have the right to read the "Notice" before signing this agreement.

The Eye Specialists, Ltd. may update this "Notice of Privacy Practices". If I ask, they will provide me with the most current "Notice of Privacy Practices".

Under the terms of this consent, I can ask The Eye Specialists, Ltd. to restrict how my personal health information is used or disclosed to carry out treatment , payment, or health care operations. I understand that The Eye Specialists, Ltd. does not have to agree to my request. If The Eye Specialists, Ltd. does agree to my request, I understand The Eye Specialists, Ltd. would follow the agreed limits.

I understand that I have the right to cancel this consent in writing, at any time. If I do cancel the consent, I understand that The Eye Specialists, Ltd. may have already used or disclosed information about me and canceling this consent would not effect the information already used or disclosed.

I may cancel this consent at any time by doing one of the following:

1. Signing and dating a form that The Eye Specialists, Ltd. can give me called "Revocation of Consent for use and disclosure of health care information" or
2. Writing, signing, and dating a letter to The Eye Specialists, Ltd. If I write a letter it must say that I want to revoke my consent to authorize the use and disclosure of the patient's personal health information for treatment, payment, and health care operations.

I understand if I cancel this consent, The Eye Specialists, Ltd. does not have to provide any further health care services to me.

My signature below indicates that I have been given the chance to review a current copy of The Eye Specialists, Ltd. "Notice of Privacy Practices" and agree to the terms.

Patient or legally authorized individual signature Date

My signature below indicates that I give permission to disclose my medical records to:

Relationship to patient