



PATIENT ACKNOWLEDGMENT AND CONSENT

I hereby acknowledge that Eye Guys has provided me with access to its Notice of Privacy Practices, version effective January 1, 2014, as is required by the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA). I further acknowledge that Eye Guys has offered to me and will, upon my request, provide me with a hard copy of its Notice of Privacy Practices. I consent to the uses and disclosures of my health information as outlined in the Notice.

Print Name of Patient

Date of Birth

Please describe the Representative's authority to act on behalf of the patient:

- The representative is the parent or legal guardian of the patient, who is a minor.
- The representative is the guardian of the patient, who has been adjudicated incompetent.
- The representative is acting under a Durable Power of Attorney for Health Care or Advance Directive for the patient, and has presented a copy of this document to personnel. **Please attach the Power of Attorney to this document.**

The physician/practice may use or disclose the following protected health information:

The entire medical record (circle yes or no)	YES	NO
--	-----	----

If NO, then the following protected health information is specifically excluded from disclosure:

--

Release of Protected Health Information: List those with whom we are authorized to discuss and or release details concerning your medical/financial information:

Release of Protected Health Information:	
List the full name of those with whom we are authorized to discuss and /or release details concerning your medical records / financial information. Including any doctors, you may want records sent.	
1. _____	4. _____
2. _____	5. _____
3. _____	6. _____

- OK to leave voice message on cell phone: _____
- OK to leave voice message on home phone: _____
- OK to leave message on work phone: _____

Patient / Representative Signature

Print Representative Name

Date

FOR OFFICE USE ONLY: If acknowledgment of receipt of the Notice of Privacy Practices is not obtained from the patient or the patient's representative, please explain your efforts to obtain their acknowledgment and the reason you could not obtain it. _____

4/09/2020 wlb