



The Department of Health and Human Services has established a “Privacy Rule” to help ensure that personal health care information is protected for your privacy. The Privacy Rule was also created in order to provide a standard for certain health care providers to obtain their patient’s consent for uses and disclosures of their health information in regards to treatment, payment, or health care operations. By signing this, you are giving your permission for us to file-to and collect payment-from the insurances that you share with us.

As our patient, we want you to know that we respect the privacy of your personal medical records and will do all we can to secure and protect that privacy. When it is appropriate and necessary, we provide the minimum necessary information to only those we feel are in need of your health care information (*i.e. laboratories, dispensaries, pharmacies, insurances*) in order to provide health care that is in your best interest.

We also want you to know that we support your full access to your personal medical records. There are procedures in effect to allow you to inspect and even to seek to amend your records when requested in writing.

You may refuse to consent to the use or disclosure of your personal health information, but this must be in writing. Under this law, we have the right to refuse to treat you should you choose to refuse to disclose your Personal Health Information (PHI). If you choose to give consent in this document, at some future time you may request to refuse all or part of your PHI at that point.

If you have any objections to this form, please ask to speak with our *Records Manager*. By all means, take time to read our NOTICE OF PRIVACY PRACTICES available at the front desk. Your signature indicates agreement with this policy.

Print Name: _____ Signature: _____

Parent/
Guardian: _____ Relationship: _____ Date: _____

I *agree to pay* for all services that I receive and all products that I order or receive. I *understand* that any statement of insurance coverage by eyecare staff is not a guarantee of benefits since my insurance company makes the final decision on what they will pay. I *agree to pay* whatever my insurance does not compensate for since most insurances that include materials only pay for basic frames, lenses or contacts. I recognize that I have the freedom to choose any and all upgrades. I *agree* that when I use my insurance and *CHOOSE* upgrades; I *will pay* for these additional upgrade charges myself.

Initial here _____ Date _____