



Vision designed for you

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PRIVACY POLICY

United States law now requires that medical offices protect your personal and medical information. Your information will only be released as required to provide medical care, to collect payments and to bill your insurance carriers. We may also disclose your protected health information to public health or law enforcement officials.

PATIENT NAME: _____

Does this office have permission to leave messages regarding your medical information and test results at your home telephone number, voice mail, answering machine, or fax?

_____ YES

_____ NO

Please list any persons other than yourself to whom we can give medical information and/or lab results:

NAME _____ PHONE _____

RELATIONSHIP _____

NAME _____ PHONE _____

RELATIONSHIP _____

PATIENT SIGNATURE _____ DATE _____