

I understand that, under the Health Insurance Portability & Accountability Act of 1996 (HIPAA), I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:

\*Conduct, plan and direct my treatment and follow-up care among multiple healthcare providers who may be involved in that treatment directly or indirectly.

\*Obtain payment from designated third-party payers.

\*Conduct normal health care operations such as quality assessments or evaluations, and physician certifications.

I have been informed by you of your Notice of Privacy Practices containing a more complete description of the uses and disclosures of my health information (available in office in print form or on the office website [www.2020eyecarecenters.com](http://www.2020eyecarecenters.com)). I have been given the right to review such Notice of Privacy Practices prior to signing this consent. I understand that this organization has the right to change its Notice of Privacy Practices from time to time and that I may contact this organization at any time at the address(s) below to obtain a current copy of the Notices of Privacy Practices.

I understand that I may request in writing that this organization restrict how my private information is used or disclosed to carry out treatment, payment or health care operations. I also understand the organization is not required to agree to my requested restrictions, but if the organization does agree, then it is bound to abide by such restrictions.

I understand that I may revoke this consent in writing at any time, except to the extent that the organization has taken action relying on this consent.

Medical Information may be released to the following person(s): \_\_\_\_\_

Messages about medical information may be left on: Home ☐ Work ☐ Cell ☐

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Patient's Name

Date of Birth (MM/DD/YYYY)

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Signed (Patient or Legal Representative for Patient)

Date

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Legal Representative's Relationship to Patient

20/20 Eyecare Centers-Silverdale  
3647 NW Byron Street / P.O. Box 248  
Phone: (360) 692-6115  
Fax: (360) 692-6139