STANDARD AUTHORIZATION OF USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

Information to be Used or Disclosed

The information covered by this authorization includes (please check all that apply):

___ Medical history at Retina Centers, P.C.
___ Medical information obtained from other healthcare providers/surescripts/E-prescribe to assist in treatment.
___ Other Persons or Organizations.

Persons Authorized to Use or Disclose Information:

Information listed above may be used or disclosed to (please check all that apply):

___ Retina Centers, P.C.
___ Family members (please circle): spouse, children, parents, other _____
___ Insurance Companies (current and future) for filing claims.

Persons to Whom Information May Be Disclosed:

Information described above may be disclosed to (Please check all that apply):

___ Family members (please circle): spouse, children, parents, other _____
___ Insurance Companies for payment claims.
___ Messages left on your answering machine such regarding appointments, treatment or Surgery, including TEXT messages on cell phones.

Expiration Date of Authorization

___ This authorization is effective through ____/___/____ unless revoked or terminated by the patient or the patient's representative.
___ No expiration Date. If no expiration date, you will not be required to complete this form again.

Right to Terminate or Revoke Authorization

You may revoke or terminate this authorization by submitting a written revocation to Retina Centers, P.C. You should contact the Compliance Officer to terminate this authorization.

Potential for Re-disclosure

The person or organization to which it is sent may disclose information that is disclosed under this authorization again. The privacy of this information may not be protected under the federal privacy regulations.

By my signature below, I acknowledge that I have received Notice of Privacy Practices

Print Name of Patient

Signature of Patient Date

Signature of Patient Representative Date

Relationship of Patient Representative to Patient

This acknowledgement page should be retained in patient's record. If acknowledgement could not be obtained from patient, the reasons must be documented on the back of this form.