

# CONSENT TO PRIVACY PRACTICES

ModernEYES Optical

1635 Manheim Pike Lancaster, PA 17601

I consent to the use and disclosure of any information concerning my optometric examination as needed to:

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

\*Obtain payment from insurance or other payers

\*Conduct normal healthcare operations such as recalls and appointment confirmation.

I understand that I can request a copy of your Notice of Privacy Practices for a more complete description of other uses and disclosures of my health information. I understand that your office has the right to change its Notice of Privacy Practices from time to time.

In addition to my primary care physician, my insurance company and the responsibility party listed on my patient information card, I authorize you to release necessary information to (please list other physicians, family members, opticians, etc.)

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Signature of Patient/Legal Guardian \_\_\_\_\_

Date: \_\_\_\_\_