

CONSENT TO PRIVACY PRACTICES

ModernEYES Optical

1635 Manheim Pike (Chelsea Square), 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 have received, read and understand your Notice of Privacy Practices containing 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 and that I may request a current copy at any time.

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

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.)

PRINT Name of Patient

SIGN Patient or Legal Guardian

Date

Legal Guardian's Relationship

OFFICE USE ONLY:

I attempted to obtain the patient's signature but was unable to do so as documented by the reason below: