

Patient HIPAA Awareness

With my permission, Ophthalmic Consultants of Rockland may use and disclose **Protected Health Information (PHI)** about me to carry out **Treatment, Payment and Healthcare Options (TPO)**. Please refer to Ophthalmic Consultants of Rockland's *Notice of Privacy Practices* for a more complete description of such uses and disclosures.

I have the right to review the *Notice of Privacy Practices* prior to signing this consent. Ophthalmic Consultants of Rockland reserves the right to revise its *Notice of Privacy Practices* at any time. A revised *Notice of Privacy Practices* may be obtained by forwarding a written request to the privacy officer.

With my permission, the office of Ophthalmic Consultants of Rockland may call my home or other designated locations and leave a message on voice mail or in person in reference to any items that assist the practice in carrying out TPO, such as appointment reminders, billing and insurance inquiries, and any call pertaining to clinical care, including pathology and laboratory results, among others.

With my permission, the office of Ophthalmic Consultants of Rockland may mail or fax to my home or other designated location any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient billing statements.

I have the right to request that Ophthalmic Consultants of Rockland restrict how it uses or discloses my PHI to carry out TPO. However, the practice is not required to agree to my requested restrictions, but if it does, it is bound by this agreement.

By signing this, I am allowing Ophthalmic Consultants of Rockland to use and disclose my PHI for TPO.

I may revoke my consent in writing to the extent that the practice has already made disclosures in reliance upon my prior request.

_____	_____	_____
Print Name of Patient or Legal Guardian	Signature of Patient or Legal Guardian	Date
_____	_____	_____
Print Name of Spouse or Child	Signature of Spouse or Legal Guardian	Date
_____	_____	_____
Print Name of Child	Signature of Legal Guardian	Date
_____	_____	_____
Print Name of Child	Signature of Legal Guardian	Date

For office use only

We attempted to obtain written acknowledgment of receipt of our *Notice of Privacy Practices*, but acknowledgment could not be obtained because:

Individual refused to sign Communication barriers