

OPTI-CARE

Acknowledgement of Notice of Privacy Practices

The HIPAA privacy act describes *in detail* what can or cannot be done with your examination results. In summary: what happens at Opti-Care stays here. Exceptions are: information needed by your insurance company for payment, and information needed by other doctors to co-manage treatments.

A copy of the full act is available for you to keep at your request.

- I authorize Opti-Care to release my personal health information to the following individuals (this is optional)

Name

Relationship to patient

Name

Relationship to patient

Name

Relationship to patient

My signature indicates that I have read and understand this form. If you are signing as a personal representative of the patient, please indicate your relationship.

Printed name of patient

Date of birth

Signature of patient or representative

Date