

**CENTRAL TEXAS EYE CENTER
AUTHORIZATION TO RELEASE MEDICAL INFORMATION
NOTICE OF PRIVACY PRACTICES ACKNOWLEDGES**

I understand that, under the Health Insurance Portability & Accountability Act of 1996 (HIPAA), I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:

- Conduct, plan and direct my treatment and follow-up among the multiple healthcare providers who may be involved in that treatment directly and indirectly.
- Obtain payments from third-party payers.
- Conduct normal healthcare operations such as quality assessments and physician certifications.

I have received, read and understand your *Notice of Privacy Practices* containing a more complete description of the uses and disclosures of my health information. I understand that this organization has the right to change its *Notice of Privacy Practices* from time to time and that I may contact this organization at any time to obtain a current copy.

The HIPAA privacy act gives patients the right to request a restriction on the uses and disclosures of their protected health information (PIH). The patient is also provided the right to request confidential communications or that a communication PHI made by alternative means, such as sending correspondence to the individual's office instead of the individual's home.

You may contact me in the following manner:

Telephone: Home ___ Work ___ Cell ___ Other ___ Auto Dial ___ Text ___

Mail Address: ___ Fax: ___ Email: _____

May we leave a message on your answering machine? Yes ___ No ___

I hereby give Central Texas Eye Center permission to release any necessary information including examination results, test results and appointment dates and/or times to the following friends or relatives: (please print)

NAME OF INDIVIDUAL	PHONE #	RELATIONSHIP TO PATIENT
--------------------	---------	-------------------------

1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____

Patient/Guardian **Signature**

Date

Print Name