

BAINBRIDGE VISION, INC. PS.

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Dr. Sheri L. Steele, OD

Optometric Physicians

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Patients between the ages of 18-26:

According to the HIPAA Law

We cannot give any information regarding your vision care or financial status to parents if you are 18 or older (in person or over the phone).

You must sign a consent form to enable Bainbridge Vision Inc. PS. to give this information to parents.

Patient Name _____

Parent Name _____

Parent Name _____

I give my permission to have health care information and/or billing information to my parents upon request.

SIGNATURE _____ DATE _____