

## **Privacy Notification (HIPAA):**

Dr. Morris's Privacy Notices are posted. These are the standard set of privacy notices that have been in effect since early 2003.

Signing below indicates that you have had the opportunity to review these notices and that you accept them.

\_\_\_\_\_  
Patient or other Authorized Party

\_\_\_\_\_  
Date

Name of Vision Insurance \_\_\_\_\_

Name of Medical Insurance \_\_\_\_\_

Holder of Insurance (The Primary Subscriber) Date of Birth \_\_\_\_\_

## **Insurance Assignment (Sign only if using insurance):**

I, the undersigned, certify that I (or my dependent) have insurance coverage and assign directly to Dr. Michael J. Morris, OD, PLLC, all insurance (vision and/or medical) benefits, if any, otherwise payable to me for services rendered. **I understand that I am financially responsible for all charges whether or not paid by insurance. Authorization from insurance companies does not guarantee payment.** I hereby authorize the doctor to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all insurance submissions.

\_\_\_\_\_  
Responsible Party Signature

\_\_\_\_\_  
Date

## **Pupil Dilation**

Pupil dilation allows the doctor to examine the peripheral retina for detachments, holes, tumors, leaking blood vessels, and other retinal problems which may not be seen through an undilated pupil. Dilation is recommended for all patients; but is especially important for those: over 40 years of age, children, with high prescriptions, with a history of head or eye injuries, with diabetes, hypertension or heart disease.

I understand the importance of papillary dilation in a complete eye examination  
I do \_\_\_\_\_: do not \_\_\_\_\_ give my permission for drops to be instilled in my eyes to dilate them.

\_\_\_\_\_  
Responsible Party Signature

\_\_\_\_\_  
Date