PRIMARY EYECARE OPTOMETRICS

Gary Osias, O.D.
Marc Dea, O.D.

CONSENT TO THE USE AND DISCLOSURE OF HEALTH INFORMATION FOR TREATMENT, PAYMENT, OR HEALTHCARE OPERATIONS

PATIENT NAME _____BIRTHDATE____/____/_____

I understand that as part of my healthcare, Primary Eyecare Optometrics originates and maintains health records describing my health history, symptoms, examination and test results, diagnoses, treatment and any plans for future care or treatment.

I understand that **The Notice of Privacy Practices** information serves as:

- A basis for planning my care and treatment
- A means of communication among the many healthcare professionals who contribute to my care.
- A source of information for applying my diagnosis and service information to my bill.
- A means by which a third-party payer can verify that services billed were actually provided.
- A tool for routine healthcare operations such as assessing care quality and reviewing the competence of healthcare professionals.

Please answer the following 3 questions:
I request the following restrictions to the use or disclosure of my health information:

#1 Medical Information can be discussed with
- □ Patient Only
- □ Family member or friend
  Please list name/relationship:
  _____
  _____
  _____
  _____
- □ Physician: _____
- □ Other: _____
- □ No Restrictions
- □ Other Restrictions:_____
  _____

#2 Detailed messages regarding test results can be left on answering machine:
- □ Yes Phone Number: _____
- □ No

#3 Primary Eyecare Optometrics utilizes an automated appointment reminder system. Please choose how you would like to receive the reminder.
- □ Automated voice message
- □ E-mail
- □ Text message
- □ None of the above

I acknowledge that I have received *The Notice of Privacy Practices* from Primary Eyecare Optometrics:

_____ ____/____/_____ _____
Signature of Patient or Legal Representative Date Witness Signature

Relationship to Patient: _____

2687 Castro Valley Boulevard, Castro Valley, CA 94546
P: 510-581-1553 F: 510-581-1929 web: www.optometrics.net em: administration@optometrics.net