

RELEASE OF INFORMATION/ EMERGENCY CONTACT ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

PATIENT NAME _____

RELEASE OF INFORMATION:

<p>In the course of treatment, if the office is contacted by family and/or friends to aid the patient in care, treatment arrangements, transportation, appointments, and various aspects of care, please indicate below to whom we can release information:</p> <p>_____</p> <p>_____</p>	<p>Is there any specific information we need to be aware of regarding contacting you (specific people who you do not authorize to receive messages, etc.)</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Emergency Contact: In case of emergency, please provide us with names and numbers of who we may contact</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> I authorize Regional Eyecare Associates to leave a message regarding any of my financial, and/or medical information at: (Please check all that apply)</p> <p><input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work</p>

You are granting Regional Eyecare Associates permission to use and disclose your protected health information for the purpose of treatment, payment, and health care operations. Our Notice of Privacy Practices provides more detailed information about how we may use and disclose this protected health information. You have a legal right to review our NPP and we encourage you to read it in full.

I acknowledge that I have received a copy of Regional Eyecare Associates Notice of Privacy Practices.

PRINT NAME (name of Parent/Guardian if patient is a minor)

SIGNATURE

DATE

*****For Office Use Only*****

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- _____ Individual refused to sign
- _____ Communications barriers prohibited obtaining the acknowledgement
- _____ An emergency situation prevented us from obtaining acknowledgement
- _____ Other (Please Specify)