

YOUR MEDICAL RECORDS AND YOUR RIGHTS TO PRIVACY

HIPAA stands for Health Insurance Portability and Accountability Act. This act implemented by the Department of Health and Human Services, provides important rights and protection for you as a patient. Under federal guidelines, this act goes into full effect on April 14, 2003.

As a patient, the release of your medical information is limited to those parties directly involved in your care or payment for your care. Please take a moment to read and sign the Notice of Information Practices which describes your rights.

In order to provide your ophthalmic treatment coordination, conduct payment reimbursement from your insurance carrier, and perform activities related to our practice’s business and administrative duties, Piedmont Eye Center will need you to sign a general consent to disclose your Protected Health Information for treatment, payment, and healthcare operations. This consent will cover information disclosure to Medical Doctors, Pharmacists, Opticians, Insurance companies, an hospitals.

In addition, you are required to make a list of relatives, spouse, friends, neighbors, care givers etc. that have your permission to access your health information if they should call our practice on your behalf. **By law, we will not be able to disclose any part of your examination or billing information with any individual unless their name appears on your list.** The caller will be asked to verify certain information about you; for example, your date of birth or billing address.

(Please sign all of the following pages)

Piedmont Eye Center has permission to discuss my healthcare and billing information with the following family members or other personal contacts, including spouse, friends, neighbors, care givers, etc.

NAME	RELATIONSHIP
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Signature of Patient, Parent, or Guardian **Date signed**

Any person calling on your behalf will be asked to verify certain information about you; for example, your date of birth or billing address.