PATIENT PRIVACY CONSENT FORM

Our Notice of Privacy Practices provides information about how we may use and disclose protected health about you. The Notice contains a Patient Rights section describing your rights under the law. You have the right to review our Notice before signing this Consent and are entitled to a copy if requested. The terms of our Notice may change. If we change our Notice, you may obtain a copy by contacting our office.

You have the right to request that we restrict how protected health information about you is used or disclosed for treatment, payment or health care operations. We are not required to agree to this restriction, but if we do, we shall honor that agreement. You must sign an authorization form.

By signing this form, you consent to our use and disclosure of protected health information about you for treatment, payment and health care operations. You have the right to revoke this Consent, in writing, signed by you. However, such a revocation shall not affect any disclosures we have already made in reliance on your prior Consent. Valley Eye Professionals provides this form to comply with Health Insurance Portability and Accountability Act of 1996 (HIPAA) and Health Information Technology for Economic and Clinical Health (HITECH) Act.

The patient understands that:

- Protected health information may be disclosed or used for treatment, payment, or health care operations.
- Valley Eye Professionals has a Notice of Privacy Practices and that the patient has the opportunity to review this Notice.
- Valley Eye Professionals reserves the right to change the Notice of Privacy Practices.
- The patient has the right to restrict the uses of their information, but Valley Eye Professionals does not have to agree to those restrictions. Any restrictions will be reviewed by our HIPAA Compliance Committee and the patient will be notified of their final decision.
- The patient may revoke this Consent in writing at any time and all future disclosures will then cease. Requests will be forwarded to the Valley Eye Professionals HIPAA Compliance Committee.
- Valley Eye Professionals may condition treatment upon the execution of the Consent.

Consent signed by: _____ Date: _____

Print Patient Name: _____

Relationship to Patient (if other than patient): _____

In front of: _____ (VEP employee)

___ Patient refused to sign. Reason: _____