

HIPAA Privacy Notification and Authorizations

To comply with the HIPAA Federal Privacy Regulations, we must receive your written approval to discuss your case with anyone else including your spouse, children, family members, caregivers, friends, etc. By authorizing this, we will be able to, without requiring your presence, discuss your case, answer questions, leave detailed messages, and contact, in the event of an emergency, the person(s) listed below. If you would like us to answer questions or discuss your case with anyone other than yourself, you must include them below.

This authorization is optional and can be withdrawn by you at any time.

Name _____

Relationship _____

Phone _____

Name _____

Relationship _____

Phone _____

By signing below, I acknowledge that I have received HIPAA notification and authorize NeoVision Optical P.C. to share information with any persons listed above.

Signature _____

Date _____