

# ACCURATE VISION CLINIC

## Privacy & Communication

**Notice of Privacy Practices:** We keep a record of the health care services we provide to you. You may request a copy of your medical record in writing or for more information by contacting Accurate Vision Clinic.

Accurate Vision Clinic will not disclose your record to others unless you direct us to do so or unless legal authorities authorize or compel us to do so. It is the office policy not to release confidential medical information regarding your treatment to family members or friends, except for (1.) parent/legal guardian, (2.) other persons authorized by the patient, (3.) as we may reasonably infer from the circumstances (for example, if you bring a family member or friend into the exam room, we will assume, unless you object, that person is entitled to receive information regarding your treatment), (4.) in emergency situations, or (5.) other as otherwise permitted by the Health Insurance Portability and Accountability Act of 1996 (HIPPA).

If you anticipate that you will need or want your medical information to be provided to family members, friends, or caretakers/babysitters please indicate that below so that we may best serve you.

By signing below, you authorize the following people to receive information regarding your treatment or care. If you do not want any of your medical information provided to a family member, please check the line next to the "no" response. At a later date, if you wish to add names to this list, please confirm in writing or call our staff.

Spouse: _____	Yes _____	No _____
Parent: _____	Yes _____	No _____
Other: _____	Yes _____	No _____
_____	Yes _____	No _____
_____	Yes _____	No _____

**Print Patient Name** \_\_\_\_\_

**Patient or Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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FOR OFFICE USE - changes to above authorized by patient over the phone:

_____	Date _____	Staff Initials _____
_____	Date _____	Staff Initials _____
_____	Date _____	Staff Initials _____