CARLINVISION SURGERY CENTER, LLC

Notice of Privacy Practices
Acknowledgment

PATIENT ACKNOWLEDGEMENT FORM

Our Notice of Privacy Practices provides information about how we may use and disclose protected health information about you. You have the right to review our notice before signing this consent. As provided in our notice, the terms of our notice may change. If we change our notice, you may obtain a revised copy by contacting the Center.

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 are bound by our agreement.

By signing this form, you acknowledge receipt of our Notice of Privacy regarding use and disclosure of protected health information about you for treatment, payment and health care operations. You have the right to revoke this acknowledgment, in writing, except where we may have already made disclosures in reliance on your prior consent.

PATIENT DISCLOSURE FORM

We may use or disclose information about you to bill or receive payment for medical treatment or services provided to you. These disclosures include releasing information to:

1. your health care plan to obtain prior approval or to determine whether your plan will cover treatment or services; or

2. individuals or entities involved in collecting amounts owed to us.

I give permission for my protected health information to be disclosed for purposes of communicating results, findings, care decisions and general information to family members and others listed below. For example, your parent, sibling, personal physician, friends, etc.

Name: _____

Name: _____

It is the policy of Carlin Vision Surgery Center to make a post-operative telephone call to the patient within the first 3-5 days after surgery or laser treatment. If you are not available, may we leave a message on your answering machine to let you know that we called?

☐ Yes ☐ No

Patient Signature: _____ Date: _____/___/_____

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