

The Optometric Eye Site

Receipt of Notice of Privacy Practices and Consent Form Patient Financial Responsibility Form

Receipt of Notice of Privacy Practices and Consent

This notice contains important information regarding how your medical information may be disclosed. Please review it carefully. In the course of providing service to you we create, receive and store health information that identifies you. It is often necessary to use and disclose information in order to treat you, to obtain payment for our services and to conduct health care operations involving our office. The Notice of Privacy Practices you have been given describes these uses. You may refer to this notice before signing this form.

We respect our legal duty to protect your private medical information. You have the right to ask us to restrict the use and disclosures made for the purpose of treatment, payment or health operations. However, we are not obligated to agree to the requested restriction. If we do agree, we are bound by these restrictions.

I have read this document and understand it. I consent to the use and disclosure of my health information for the purposes of treatment, payment and regular healthcare operations. I acknowledge that I have received The Notice of Privacy Practices for The Optometric Eye Site.

Signature: _____ Date: _____

Printed Name: _____

PATIENT FINANCIAL RESPONSIBILITY

I acknowledge that I am legally responsible for all charges in connection with the medical care and treatment provided by representatives of The Optometric Eye Site. I assign and authorize payments to The Optometric Eye Site. I understand my insurance carrier may not approve or reimburse for all services in full due to many reasons including: lack of coverage, benefit exclusions, coverage limits, deductible requirements or medical necessity. I understand I am financially responsible for fees not paid in full, co-payments, and policy deductibles. I understand that I will be responsible for any costs incurred attempting to collect an unpaid debt.

Signature: _____ Date: _____

Guardian's Signature: _____