## CONSENT TO EXAMINATION, TREATMENT AND Notice of Privacy Practices

	am seeking vision care services and voluntarily
(	consent to such care including diagnostic and therapeutic procedures and medical treatment to be provided
I	by the clinical and professional staff of the Optical Gallery.

I acknowledge that no guarantees have been made to me as to the results of treatments and examinations in this center. This consent has been fully explained to me and I certify that I understand its contents.

I herewith authorize the Optometric Center Optical Gallery retain photographs or other images from the procedure, examination or treatment.

I understant that, under the Health Insurance Portability & Accountability Act of 1996 (HIPAA), I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:

- Conduct, plan and direct my treatment and follow-up among the multiple healthcare providers who
  may be involved in that treatment directly and indirectly
- Obtain payment from third-party payers
- Conduct normal healthcare operations such as quality assessments and physician certifications

By signing this document I acknowledge that you have provided me with a copy of your *Notice of Privacy Practices*. The *Notice of Privacy Practices* contains a more complete description of the uses and disclosures of my health information.

I understand that this organization has the right to change its *Notice of Privacy Practices* from time to time and that I may contact this organization at any time at the address above to obtain a current copy of the *Notice of Privacy Practices*.

I understant that I may request in writing that you restrict how my private information is used or disclosed to carry out treatment, payment or health care operations. I also understand that you are not required to agree to my requested restrictions, but if you do agree then you are bound by such restrictions.

Signature of Patient/Relative/Guardian:	Date:
---	-------