



Health Privacy Practice Information

Please Print

Last Name _____ First Name _____ DOB _____

Because we value your right to privacy, we would like to determine the best means of communication with you. We routinely call patients to report test results, confirm appointments, and respond to patient questions or concerns.

Please answer the following questions:

I. May we contact you at your home phone number? YES or NO

a. Please list the person or persons IN YOUR HOME that can be given your personal health or vision information when you are not available:

Last name _____ First Name _____

Relationship _____ Phone Number _____

Additional contacts (if necessary) _____

b. In the event we cannot reach you directly, is there someone OUTSIDE YOUR HOME that you give us permission to give your personal health or vision information?

Last name _____ First Name _____

Relationship _____ Phone Number _____

II. If applicable, may we fax your child(ren)'s personal health or vision information (such as prescription of required vision/ ocular health information) to his/ her school, day care facility or other health care provider, when requested? YES or NO

Fax Number (if known) _____

III. Do you give us permission to leave personal health or vision information (such as normal test results or answers to your questions/ concerns) on your answering machine or voice mail? YES or NO

By signing below, I acknowledge that I have received a notice of Privacy Practices from Cincinnati EyeCare Team. I also grant permission to give private health or vision information to the persons, or entities that I have listed above. Also, by signing this form, I acknowledge that it is my responsibility to notify in writing if any of the information I have provided should change.

Signature _____ Date _____

For CET Office Administration Only

Describe your good faith effort to obtain the individual's signature on this form: _____

Describe the reason why the individual would not sign this form: _____

Signature of Employee _____