

Montgomery Eye Center
CONSENT TO DISCLOSE MEDICAL INFORMATION

Patient Name _____ Date of Birth: _____

Permission to Disclose

I give my permission to the employees of Montgomery Eye Center to disclose my Protected Health Information to the following friends or family:

Name: _____ Relation: _____ Phone _____

Name: _____ Relation: _____ Phone _____

Name: _____ Relation: _____ Phone _____

Name: _____ Relation: _____ Phone _____

Or

___ I request that all my Protected Health Information be disclosed ONLY to me.

WHAT TYPE OF MESSAGE MAY WE LEAVE FOR YOU?

In an effort to serve you better Montgomery Eye Center would like to know what type of message we may leave on your answering machine/voicemail when contacting you. It is the policy of Montgomery Eye Center to call you at any phone number you provide to us. When we contact you by calling you at any phone number you have provided us:

May we leave a detailed message on your answering machine/voice mail? YES or NO. If no, we will leave a message with just enough information for you to call us back.

I understand that I may revoke or change this authorization at anytime by filling out another 'Consent to Disclose Medical Information' form. I understand that I will not be denied or refused treatment if I refuse to sign this authorization. I understand that the information used or disclosed pursuant to this authorization may be re-disclosed by the recipient and no longer protected by Federal and State privacy laws. I understand that I have a right to receive a copy of this authorization if I request one. I also understand that this authorization will not expire.

Signature of Patient or Representative

Date

*Printed name if not signed by Patient

*Relationship/Authority to Act on behalf of the Patient

*If not signed by the patient you must provide MEC with a copy of the document of authority that makes you the patient's personal representative (i.e. Health Care Power of Attorney, Health Care Surrogate, Health Care Proxy, Guardian, etc.). We will also need a copy of your driver's license.