

# St. Helens Eyecare Specialists

This notice is effective on or after November 1<sup>st</sup>, 2011  
**CONSENT TO USE OR DISCLOSE MEDICAL INFORMATION**

THIS CONSENT IS REGARDING HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I authorize St Helens Eyecare Specialists to use and disclose my health and medical information for the purposes of **Treatment, Payment, Health Care Operations, Law Enforcement, Public Health Reporting and Additional Uses of Information detailed in the "Notice of Privacy Practices"**.

## **Uses and Disclosures of Your Health Information**

- > **Treatment.** Your health information may be used by our physicians and staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment.
- > **Payment.** Your health information may be used to seek payment from your health plan, other sources of coverage such as an automobile insurer, or credit card companies that you may use to pay for services. For example, your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated.
- > **Health Care Operations.** Your health information may be used as necessary to support the day-to-day activities and management of St Helens Eyecare Specialists. For example, information on the services you received may be used to support budgeting and financial reporting, activities to evaluate and promote quality and to insure that our practice is meeting various legal requirements.
- > **Law Enforcement.** Your health information may be disclosed to law enforcement agencies, without your permission, to support government audits and inspections, to facilitate law enforcement investigations, and to comply with government mandated reporting.
- > **Public Health Reporting.** Your health information may be disclosed to public health and governmental agencies as required by law.
- > **Additional Uses of Information.**
  - o Appointment reminders. Your health information will be used by our staff to call/send you appointment reminders and notices regarding your optical and contact lens orders.
  - o Information about treatments. Your health information may be used to send you information on the treatment and management of your medical condition that you may find to be of interest. We may also send you information describing other health-related goods and services that we believe may interest you.

You may review St Helens Eyecare Specialists "Notice of Privacy Practices" for additional information about uses and disclosures of information described in this consent prior to signing this consent.

You have The right to request restrictions on the use and disclosure of your protected health information. St Helens Eyecare Specialists is not required to agree to a requested restriction. A written request should be submitted to Brooks Rodman OD.

**I understand that I have the right to revoke this consent provided I do so in writing except to the extent that St Helens Eyecare Specialists has already used or disclosed the information in reliance on this consent.**

Signed: \_\_\_\_\_  
(Signature of patient or guardian)

This Consent was signed by : \_\_\_\_\_  
(print name)

Relationship to Patient (if other than patient) : \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_