EYESITE
— OF ANTHEM —

HIPAA/PRIVACY PATIENT CONSENT FORM

The Eyesite of Anthem Notice of Privacy Practices provides information about how we may use and disclose protected health information about you. The notice contains a Patient Rights section describing your rights under the law. You have the right to review our Notice before signing this Consent. The term of our Notice may change. If we change our Notice, you may obtain a revised copy by contacting our office.

By signing this form, you consent to our use and disclosure of protected health information about you for treatment, payment and health care operations, and/or as required by law. You have the right to revoke this Consent, in writing, signed by you. However, such revocation shall not affect any disclosures we have already made in compliance with your prior Consent. We provide this form to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

The doctors and staff of Eyesite of Anthem appreciate your compliance with these policies and procedures. We strive to provide the best eye care available to you. We are happy to discuss any questions or concerns you have about these policies.

_____	_____	_____
Printed Patient Name (and Guardian Name if applicable)	Patient or Guardian Signature	Date

I give permission to communicate my private healthcare information to:

_____	_____
Name	Relationship
_____	_____
Name	Relationship
_____	_____
Name	Relationship