PREMIER
FAMILY EYECARE

Patient Consent for Use and Disclosure
of Protected Health Information

I hereby give my consent for Premier Family Eyecare, P.C. to use and disclose protected health information (PHI) about me to carry out treatment, payment and healthcare operations (TPO). Premier Family Eyecare's Notice of Privacy Practices provides a more complete description of such uses and disclosures.

- I have read the Notice of Privacy Practices prior to signing this consent. I have the right to review the Notice of Privacy Practices and can obtain a copy at any time. Premier Family Eyecare, P.C. reserves the right to revise its Notice of Privacy Practices at any time. A revised Notice of Privacy Practices may be obtained by forwarding a written request to:
    - Victoria Yampolsky, O.D., at Premier Family Eyecare, P.C., 5 North Main Street, Sharon, Massachusetts 02067.
- With this consent, Premier Family Eyecare, P.C. may call my home or other alternative location and leave a message on voice mail or in person in reference to any items that assist the practice in carrying out TPO, such as appointment reminders, insurance items and any calls pertaining to my clinical care, including laboratory results among others.
- With this consent, Premier Family Eyecare, P.C. may mail to my home or other alternative location any items that assist in carrying out TPO, such as appointment reminder cards and patient statements, as long as they are marked Personal and Confidential.
- I have the right to request that Premier Family Eyecare, P.C. restrict how it uses or discloses my PHI to carry out TPO. However, the practice is not required to agree to my requested restrictions, but if it does, it is bound by this Agreement.

By signing this form, I am consenting to Premier Family Eyecare, P.C.'s use and disclosure of my PHI to carry out TPO.
I may revoke my consent in writing, except to the extent that the practice has already made disclosure in reliance upon my prior consent. If I do not sign this consent in its entirety, or later revoke it, Premier Family Eyecare, P.C. may decline to provide treatment for me.

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Signature of Patient or Legal Guardian Date

_____

Patient's Name

_____

Print Name of Patient or Legal Guardian