

HIPAA CONSENT



Bonham Optical

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CONSENT TO USE AND DISCLOSE HEALTH INFORMATION

Permission to Use and Disclose My Health Information: By signing this form, I give Bonham Optical permission to use and/or disclose my health information to provide treatment, obtain payment, and/or conduct health care operations.

Right to Refuse: I have the right not to sign this consent. If I refuse to sign this consent, Bonham Optical has the right to refuse to treat me. However, treatment required by law –such as emergency care– can be provided to me whether or not I sign this consent.

Right to Review Notice of Privacy Practices: I have been provided with a copy of the Notice of Privacy Practices for Bonham Optical which describes how Bonham Optical may use and disclose my health information. I have the right to review this Notice before signing this consent.

Changes to the Notice of Privacy Practices: Bonham Optical may change the Notice of Privacy Practices as needed. I may obtain a current copy of the Notice of Privacy Practices for Bonham Optical by contacting Bonham Optical.

Right to Request Restrictions on Use/Disclosure: I have the right to request that the usage of my protected health information by Bonham Optical be restricted in how it is used and/or disclosed for the purpose of providing treatment, obtaining payment, and/or conducting health care operations. However, Bonham Optical is not required to agree to any restriction that I request. If Bonham Optical does decide to agree to my request, the use and/or disclosure of my health information by Bonham Optical must be restricted as I requested. If I wish to request restrictions I can contact Bonham Optical. Bonham Optical will notify me on whether my restrictions have been accepted or declined.

Right to Withdraw Consent: I have the right to withdraw this consent at any time. I must do so in writing by contacting Bonham Optical at 1230 N Center St, Bonham TX, 75418. My withdrawal of this consent will not be effective for uses and/or disclosures that have already been made based on my prior consent. If I withdraw this consent, then Bonham Optical may refuse to provide me further treatment or follow-up, other than required emergency services.

Effective Period: This consent is good unless and until I withdraw it in writing.

References to "I" or "me": References to "I" or "me" in this Consent include the individual for whom the signing party is authorized to sign. If I am signing this consent on behalf of another person, it is because I am that person's parent, legal guardian, or agent under an active Power of Attorney for Health Care; and I am legally authorized to sign this Consent on behalf of that person.

COMMUNICATIONS AUTHORIZATION AND RELEASE OF INFORMATION TO FRIENDS OR FAMILY MEMBERS

LIST NAMES OF FAMILY MEMBERS OR FRIENDS WITH WHOM WE MAY DISCUSS HEALTH CARE ISSUES, MAY PICK UP PRESCRIPTIONS, EQUIPMENT, OR HEALTH CARE INFORMATION:

NAME: _____ RELATIONSHIP: _____

NAME: _____ RELATIONSHIP: _____

NAME: _____ RELATIONSHIP: _____

Signature of Patient or Representative

Date

Description of Representative's Authority