

BOSTON EYE CARE CONSULTANTS

Robert A. Lytle, MD
Eye Physician and Surgeon

Hyannis Office

51 Main Street, Hyannis, MA 02601
(508) 771-6447 FAX: (508) 775-5104

Falmouth Office

14 Bramblebush Park, Falmouth, MA 02540
(508) 540-0511 FAX: (508) 775-5104

HIPAA Compliance Consent Form

The HIPAA (Health Insurance Portability and Accountability Act of 1996) law allows for the use of the information for treatment, payment, or healthcare operations.

I understand that my medical information contains/may contain highly confidential information. By my signature below, I specifically consent to the disclosure of such information to insurers and providers outside of the this practice for the purpose of obtaining treatment for me and payment for the treatment provided to me.

SIGNATURE: _____ DATE: _____

The guardian or personal representative must sign below if the patient is a minor or otherwise incapacitated (mentally or physically).

NAME: _____ RELATIONSHIP _____

SIGNATURE: _____ DATE: _____