



Eye Surgical & Medical Care

COMPLETE EYE CARE

Eye Surgical & Medical Care has always carefully protected our patients' private medical record and personal information.

In 2003 the Federal Government enacted the Health Insurance Portability and Accountability Act. In order to comply with this regulation we must have you complete the form below.

Our office will honor the requests below until the patient notifies us in writing of a change in status.

Patient Name:			
Date of birth:		Today's Date	

√ **You must Check one:**

Please do not release my information to anyone except those required by law. Only you may call for appointment scheduling, refills, and etcetera.

Please release my information to anyone who requests it.

Please release my information to the following individuals:

	Name	Phone Number
1.		
2.		
3.		
4.		
5.		

I have received a copy of ESMC's Notice of Privacy Practices

Patient Signature: _____