

NOTICE OF PRIVACY PRACTICE

HIPAA (Health Insurance Portability and Accountability Act) regulations require us to provide to you, the patient or personal representative, a copy of our Notice of Privacy Practice and for you to sign as acknowledgement of receipt.

Patient Name (Print)

Date of Birth

Patient/ Representative signature

Relationship to patient Date

You may share information about my condition with:

INFORMED PATIENT OF CONSENT

1. I authorize my physician or physician extender at Terry and Kim Eye Institute to take photographs/videotape or by other similar means record my surgery/procedures/diagnosis. I understand the reproduction or publication will be used for the sole purpose of medical/scientific study, research and education, before and after surgical portfolios and/or documentation for my medical record.

Patient/Representative initials: _____

2. I understand the photographs and recorded media obtained is the sole property of Terry and Kim Eye Institute, and may include appropriate portions of the body to demonstrate the surgery/procedure/diagnosis. Every effort will be made to protect the patient's identity in those materials.

Patient/Representative initials: _____

REQUEST FOR ALTERNATIVE MEANS OF COMMUNICATION

You may request to receive confidential communications involving your protected health information (PHI) by an alternative means or at alternative addresses. We may not ask you the reason for your request. We will accommodate all reasonable requests. If you make a special request, you must give us an alternative address or other method of contacting you (phone number ect). Please specify how or where you wish to be contacted:

___ Phone answering machine number: _____

___ Fax number: _____

Signature of patient or representative: _____

Relationship to patient: _____

Date: _____

Witness: _____

Date: _____

T&KEI
TERRY & KIM EYE INSTITUTE

Advancing Eye Care with Research and Compassion

270 Laguna Road Suite 100 Fullerton, CA 92835 * Phone (714) 525-2375 * Fax (714) 871-9280