

New Patient Consent Form

I, _____, understand that, as part of my health care, Selma Family Practice Optometry, Inc., DBA Eyemax Vision Center originates and maintains paper and electronic records. These records describe my health history, symptoms, examination, test results, diagnosis, treatment plans, and future care or treatment plans.

I understand and have been provided with a Notice of Information Practices that provides a complete description of information uses and disclosures. I know that I have the following rights and privileges:

I have the right to review the notice before signing this consent—the right to object to using my health information for directory purposes. I have the right to request restrictions on how my health information may be used or disclosed to affect treatment, payment, or healthcare operations. I understand that Selma Family Practice Optometry, Inc. reserves are not required to agree to the restrictions requested. I know that I may revoke this consent in writing, except that the organization has already acted in reliance thereon. I also understand that by refusing to sign or withdraw this consent, this organization may refuse to treat me as permitted by Section 164.506 of the Code of Federal Regulations.

I understand that Selma Family Practice Optometry, Inc. reserves the right to change its notice and practices before implementation under Section 164.520 of the Code of Federal Regulations. Should Selma Family Practice Optometry, Inc. reserves change their information, they will send a copy of any revised notice to the address I have provided.

I wish to have the following restrictions on the use or disclosure of my health information:

I understand that as part of this organization's treatment, payment, or healthcare operations, it may become necessary to disclose my protected health information to another entity. I consent to such disclosure for these permitted uses, including via fax.

I fully understand and accept/decline the terms of this consent.

Patient's Signature

Date