

# HAMILTON VISION AND EYE CARE

Dr. Wayne Cobb, Jr. OD

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Hamilton, AL 35570

(205) 921-5499

**The following is an explanation of your notice of privacy:** New government rules make it the legal obligation of your doctors to keep your health information that identifies you private and we are obligated by law to give you notice of our privacy practices. With the new law, we cannot use your health information in our office or disclose it outside our office without your written permission. The written permission will be called a consent form or an authorization form. The type of form used will depend upon the kinds of uses or disclosures that are involved. In compliance with the law, our office will ask you to sign a consent-authorization form allowing us to use and disclose your health information for purposes of treatment, payment, and health care operations. In plain language, up to this point, it was assumed that when a patient sought a doctor's care, pertinent medical record information could be shared with other health care professionals joining in the care of the patient. In addition, when the patient presented a health insurance card for payment, the office would be able to provide all pertinent information related to the claim to fulfill the transaction. With these new government regulations, that is no longer the case. Patients are not obligated to sign these privacy consent-authorization forms, however, when they do so, we can comply with the new law and continue to provide our patients with the care and service they expect.

Respectfully,

Dr. Wayne Cobb, Jr.

I acknowledged that I received a copy of Wayne Cobb, Jr., O.D.'s Notice of Privacy Practices.

**Patient Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## Release of Information

{ } I authorize the release of information including the diagnosis, records, examination rendered to me and claims information. This information may be released to:

{ } Spouse \_\_\_\_\_

{ } Child(ren) \_\_\_\_\_

{ } Other \_\_\_\_\_