

Receipt of Notice of Privacy & Consent Form / Authorization Form

Dan Rieder, O.D.
155 East Wilbur Road, Suite 101
Thousand Oaks, California 91360
(805) 497-7840
Privacy Rule Officer: Donna B.

Patient Name: _____

Patient Day Time Phone # _____ **Home/Evening #** _____

Patient Address: _____

In the course of providing services to you, we create, receive & store health information that identifies you. It is often necessary to use & disclose this health information in order to treat you, to obtain payment for our services & to conduct health care operations involving our office.

The *Notice of Privacy Practices (N.O.P.P.)* you have been given describes these uses & disclosures in detail. You are free to refer to this notice at anytime before you sign this form. As described in our *NOPP*, the use & disclosure of your health information for treatment purposes not only includes care & services provided here, but also disclosures of your health information as may be necessary or appropriate for you to receive follow up care from another health care professional. Similarly, the use & disclosure of your health information for purposes of payment includes (1) our submission of your health information to a billing agent or vendor for payers or insurers for claims review, determination of benefits & payments; (2) our submission of your health information to auditors hired by third party insurers; & (3) other aspects of payment described in our *NOPP*. Whenever our privacy practices change our updated copy will be available at our office.

When you sign this consent document, you signify that you agree that we can & will use & disclose your information to treat you, to obtain payment for our services & to perform healthcare operations. You also signify that you have received a copy of our *NOPP*. You have the right to ask us to restrict, the uses or disclosures made for purposes of treatment, health care operations or payment, but as we described in our *NOPP* we are not obliged to agree to these restrictions. If we do agree, however, the restrictions are binding on us. Our *NOPP* describes how to ask for a restriction.

By signing below you also give Dr.Rieder & his staff **permission to contact you or your child by telephone, postcard or written letter to remind you if your eyecare needs, such as an appointment or to pick up eyecare materials.** If you later want to revoke this authorization send a note to Donna, our Privacy Officer, that your authorization is revoked. *I have read this authorization & understand it. I acknowledge that I received the Notice of Privacy Practices from Dan Rieder, OD.*

Signature of Patient or Parent/Guardian: _____

Date: _____