Attestation

I, _____, hereby give my consent to Retina Health Institute, S.C., to use or disclose, for the purpose of carrying out treatment, payment, or health care operations, all information contained in my patient record.

I acknowledge having received a copy of the Notice of Privacy Practices which contains a more complete description of the uses and disclosures of my health information. I understand that the practice has the right to change its Notice of Privacy Practices from time to time and that I may contact the practice at any time at the address above to obtain a current copy of the Notice of Privacy Practices.

I understand that this consent is valid until it is revoked by me. I understand that I may revoke this consent at any time by giving written notice of my desire to do so, to Retina Health Institute. I also understand that I will not be able to revoke this consent in cases where the physician has already relied on it to use or disclose my Protected Health Information.

I understand that, under the HEALTH Insurance Portability & Accountability Act of 1966 (HIPAA), I have certain rights to privacy regarding my protected health Information. I understand this Information can and will be used to:

- Conduct, plan, and direct my treatment and follow-up among the multiple healthcare providers who may be involved in that treatment directly and indirectly.
- Obtain payment from third party payers.
- Conduct normal healthcare operations such as quality assessments and physician certifications.

I understand that I may request in WRITING that you restrict how my private information is used or disclosed to carry out treatment, payment, or health care operations. I also understand you are not required to agree to my requested restrictions, but if you do agree, then you are bound to abide by such restrictions.

PATIENT **DATE**

PATIENT REPRESENTATIVE / PARENT DATE

FOR OFFICE USE ONLY:

I attempted to obtain patient's signature in acknowledgement on this Notice of Privacy Practices Acknowledgement, but was unable to do so:

Reason:

PRACTICE REPRESENTATIVE DATE