The eye Center, P.A.

Beau T. Bryan, M.D.
Matthew T. Clary, M.D.
R. Brian Huff, M.D.
Chip Platt, D.O., F.A.A.O.

1655 Bernardin Avenue . Columbia, SC 29204
Phone: (803) 256-0641 . Fax: (803) 779. 3649
Email: info@eyeseenaturally.com
**www.eyeseenaturally.com**

# CONSENT TO THE USE AND DISCLOSURE OF HEALTH INFORMATION FOR TREATMENT, PAYMENT, OR HEALTHCARE OPERATIONS

I understand that as part of my healthcare, this organization originates and maintains health records describing my health history, symptoms, examination and test results, diagnosis, treatment, and any plans for future care of treatment. I understand that this information serves as:

- a basis for planning my care and treatment
- a means of communication among the many health professionals who contribute to my care
- a source of information for applying my diagnosis and surgical information to my bill
- a means by which a third-party payer can verify that services billed were actually provided and a tool for routine healthcare operations such as assessing quality and reviewing the competence of healthcare professionals

I understand and have been provided with a Notice of Information Practices that provides a more complete description of information uses and disclosures. I understand that I have the right to review the notice prior to signing this consent. I understand that the organization reserves the right to change their notice and practices, and prior to implementation a copy a copy of any revised notice will be posted. I understand that I have the right to request restriction as to how my health information may be used or disclosed to carry out treatment, payment, or healthcare operations and that the organization is not required to agree to the restriction requested. I understand that I may revoke this consent in writing, except to the extent that the organization has already taken in reliance thereon.

☐ I request the following restrictions to the use or disclosure of my health information:

| PATIENT SIGNATURE | DATE: | WITNESSED IN OUR OFFICE BY | DATE: |
|---|---|---|---|
| | | | |