

KONOWAL VISION CENTER

Consent for Purpose of Treatment, Payment or Health Care Operations

I consent to the use or disclosure of my protected health information by Konowal Vision Center for the purpose of diagnosing or providing treatment to me, obtaining payment for my health care bills or to conduct health care operations.

I understand that diagnosis or treatment of me by Konowal Vision Center may be conditioned upon my consent as evidenced by my signature on this document.

I understand that I have the right to request a restriction as to how my protected health information is used or disclosed to carry out treatment, payment or health care operations. The Konowal Vision Center is not required to agree to the restrictions that I may request. However, the Konowal Vision Center agrees to a restriction that I request, the restriction is binding on the practice.

I have the right to revoke this Consent, in writing, at any time, except to the extent that the Konowal Vision Center has taken action in reliance on this Consent.

My "protected health information" means health information, including my demographic information collected from me and collected or received by my physician, another health care provider, a health plan, my employer or a health care clearinghouse. This protected health information relates to my past, present or future physical or mental health or condition and identifies me, or there is a reasonable basis to believe the information may identify me.

I understand I have a right to review the Konowal Vision Center's **Notice of Privacy Practices** prior to signing this document.

The Konowal Vision Center's **Notice of Privacy Practices** has been provided to me.

The **Notice of Privacy Practices** describes the types of uses and disclosures of my protected health information that will occur in my treatment, payment of my bills, or the performance of health care operations.

A summary of the **Notice of Privacy Practices** for Konowal Vision Center is also posted in the waiting room.

This **Notice of Privacy Practices** also describes my rights and the duties of the Konowal Vision Center with respect to my protected health information.

The Konowal Vision Center reserves the right to change the privacy practices that are described in the **Notice of Privacy Practices**.

I may obtain a revised **Notice of Privacy Practices** by contacting the Privacy Officer at 9500 Corkscrew Road, Bldg. 102, Suite 3 Estero, FL 33928.

Name of Patient (please print)

Signature of Patient or Representative

Date

Name of Patient or Representative (please print)

Employee Initial