



## HIPAA ACCESS FORM FOR PROTECTED HEALTH INFORMATION

I, \_\_\_\_\_ (Printed Name of Patient or Guarantor), understand that it is the policy of Heaton Eye Associates to restrict access to my Protected Health Information. My health information may be disclosed to caregiver(s) providing health services, insurance company(ies) for payment of my claim, and basic healthcare operations such as pre-certification, referrals, etc. I give my permission for the following person(s) to have access as indicated below, to my Private Health Information.

### COMMUNICATION

We will leave confidential clinical and/or surgical information on your answering machine, voice mail or cell phone. We will use all means of communication including but not limited to email and texting unless otherwise specified. If you do not consent to the above communication, you must specify how we may contact you.

Other Communication Preference: \_\_\_\_\_

### INFORMATION ACCESS PREFERENCES

*We cannot release information to anyone not listed.*

NAME <i>(please print)</i>	DOB	CLINICAL	SURGICAL	FINANCIAL	FINANCIAL
1.		All	None	All	None
2.		All	None	All	None
3.		All	None	All	None
4.		All	None	All	None
5.		All	None	All	None

Signature of Patient/Guardian

Date

***Please tell us how you found out about Heaton Eye Associates:***

- |   |                                       |                                       |
|---|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Friend/Family Member   | <input type="checkbox"/> Television   | <input type="checkbox"/> Internet     |
| <input type="checkbox"/> Primary Care Physician | <input type="checkbox"/> Radio        | <input type="checkbox"/> Other: _____ |
| Name: _____                                     | <input type="checkbox"/> Newspaper    |                                       |
| <input type="checkbox"/> Optometrist:           | <input type="checkbox"/> Yellow Pages |                                       |
| Name: _____                                     | <input type="checkbox"/> Billboards   |                                       |