MEDICAL-SURGICAL EYE CARE, P.A.

DATE	
PATIENT'S NAME:	
	SS#
CITY/STATE/ZIP:	DATE OF BIRTH:
MARTIAL STATUS: M S D W SEX:	M F AGE:
HOME PHONE: ()	CELLPHONE: ()
IF CHILD; PARENT OR GUARDIAN NAME:_	
EMERGENCY CONTACT:	PHONE:
RELATIONSHIP TO PATIENT:	ADDRESS:
PATIEN	NT EMPLOYER INFORMATION
EMPLOYER NAME:	PHONE
EMPLOYER ADDRESS:	
	SPOUSE INFORMATION
SPOUSE NAME:	
SPOUSE EMPLOYER:	PHONE:
SPOUSE EMPLOYER ADDRESS:	
	INSURANCE
PRIMARY INSURANCE COMPANY:	
I.D.#	GROUP#
INSURED PERSON IF NOT PATIENT:	
DATE OF BIRTH:	SS#
SECONDARY INSURANCE COMPANY:	
I.D.4	GROUP#
INSURED PERSON IF NOT PATIENT:	
DATE OF BIRTH:	SS#
HOW DID YOU HEAR ABOUT OUR OFFICE	?
REFERRING DOCTOR:	
PRIMARY CARE PHYSICAN:	
DCD ADDRESS.	DHONE.

LIFETIME AUTHORIZATION & CONSENT FORM

I REQUEST THAT ALL PAYMENTS OF AUTHOR	RIZED INSURANCE BENEFITS ON MY
BEHALF BE PAID TO MEDICAL SURGICAL EY	E CARE, P.A. FOR ALL SERVICES
RENDERED TO ME. I AUTHORIZE ANY HOLDE	ER OF MEDICAL INFORMATION
ABOUT ME BE RELEASED TO THE INSURANCE	E COMPANY. I UNDERSTAND THAT
SERVICES FOR WHICH I AM TREATED MAY O	R MAY NOT BE COVERED BY MY
INSURANCE. I AM AWARE THAT I CAN BE BII	LLED AND I AM RESPONSIBLE FOR
ANY NON-COVERED CHARGES ON MY (OR M'	Y DEPENDENTS) ACCOUNTS WITH
MEDICAL SURGICAL EYE CARE, P.A.	
PATIENTS SIGNATURE:	DATE:
RELEASE OF IN	FORMATION
I GIVE MY PERMISSION TO MEDICAL SURGIC	AL EYE CARE, P.A. AND STAFF, TO
RELEASE ALL INFORMATION PERTAINING TO	MYSELF TO MY INSURANCE
CARRIER. THIS INCLUDES ALL LAB, VISITS A	ND PROCEDURES.
PATIENT.	
SIGNATURE:	DATE:
PATIENT RESPONSIBI	ILITY FOR PAYMENT

I UNDERSTAND THAT I MAY BE FINANCIALLY RESPONSIBLE FOR ALL OR A PORTION OF SERVICES RENDERED TO ME TODAY. IN ACCORDANCE WITH HEALTH CARE FINANCE ADMINISTRATION OUR OFFICE IS EXPECTED TO REPORT APPROPRIATE CODING AND DIAGNOSIS INFORMATION THAT REFLECT THE TYPE OF VISIT YOU HAD IN OUR OFFICE. YOUR INSURANCE COMPANY MAY PAY FOR ALL OR ONLY A PORTION OF THE SERVICES. THE CHARGES MAY BE APPLIED TO YOUR DEDUCTIBLE, OR SOME SERVICE MAY BE CONSIDERED "NON-COVERED" BENEFITS SUCH AS PREVENTIVE MEDICINE VISITS.

THANK YOU FOR UNDERSTANDING OUR OFFICE OBLIGATION TO THE FEDERAL GOVERNMENT REGULATIONS. IT IS OUR GOAL TO PROVIDE QUALITY HEALTH CARE AT THE LOWEST POSSIBLE COST.

PATIENT SIGNATURE: DATE:	
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WE WOULD LIKE TO THANK YOU FOR CHOOSING MEDICAL SURGICAL EYE CARE, P.A. FOR YOUR HEALTH CARE NEEDS. WHETHER YOU COME TO US BY REFERRAL, FROM ANOTHER PHYSICIAN, BY DIRECTION OF YOUR INSURANCE COMPANY, OR LIKE MANY OTHERS, BY THE REFERRAL OF A FRIEND OR RELATIVE, WE WILL STRIVE TO PROVIDE YOU WITH THE MOST COMPLETE AND UP-TO-DATE CARE POSSIBLE.



Medical - Surgical Eye Care, P.A.

Date:		HEALTH HISTORY			Name:			
Review of Systems Part P								
EYES Loss of Vision								
Loss of Vision y N Blurred Vision y N Distorted Vision (halos) y N Loss of side Vision y N Double Vision y N Dryness y N N Mucous Discharge y N Redness y N Rednes		Review of Systems						
Double Vision			y	N	Blurred Vision	У	N	
Mucous Discharge		Distorted Vision (halos)	У	N	Loss of side Vision	y	N	
Sandy or gritty feeling y N Itching y N Sandy or gritty feeling y N Poreign body sensation y N Sexess tearing/watering y N Occasional tearing, y N Sties, chalazion Y N Chronic infection of eye or lid Y N Chronic infection of eye or lid Y N Sties, chalazion Y N High Blood Pressure Y N Sties, chalazion Y N High Blood Pressure Y N Sties, chalazion Y N High Blood Pressure Y N Stronchitis Y N Heart Attack Y N N Chronic Cough Y N Heart Attack Y N N Chronic Cough Y N Heart Attack Y N N Heart Attack Y N N Heart Attack Y N N Seasonal Allergies Y N Heart Murmur Y N N Shortness of Breath Y N Mirregular Heart Beat Y N Mirregular Heart Beat Y N N Shortness of Breath Y N Mirregular Heart Beat Y N N Silow or Fast Heart Rate Y N N Stoker Italia Y N N Stoker		Double Vision	У	N		У	N	
Burning			У	N	Redness	У	N	
Excess tearing/watering		Sandy or gritty feeling	У	N	Itching	У	N	
Glare/light sensitivity Sties, chalazion Y N Chronic infection of eye or lid Y N Explain "Yes" answers: CARDIOVASCULAR		_	y	N	Foreign body sensation	У	N	
Sties, chalazion Y N Chronic infection of eye or lid Y N Explain "Yes" answers: CARDIOVASCULAR		Excess tearing/watering	y	N	Occasional tearing,	У	N	
Explain "Yes" answers: CARDIOVASCULAR		Glare/light sensitivity	y	N	Eye pain or soreness	У	N	
RESPIRATORY Asthma Asthma Y N High Blood Pressure Y N Bronchitis Y N Heart Attack Y N Chronic Cough Y N Seasonal Allergies Y N Tuberculosis Y N Congestive Heart Failure Y N Shortness of Breath Y N Smoking History Y N Smoking History Y N Silow or Fast Heart Rate Y N Other Y N Stroke/TIA's Y N Other blood or lymphatic Y N SYSTEMIC Diabetes Y N Heart Murmur Y N N Silow or Fast Heart Rate Y N Other blood or lymphatic Y N Other blood or lymphatic Y N Other Silow Jaundice Y N Other Musculoskeletal Y N Other Musculoskeletal Y N Other N Blackouts Y N Other Stin Problems Y N Other Skin Problems Y N Other Psychiatric Y N Other Stomach IIIcs Y N Other Skin Problems Y N Other Stin Problems Y N Other N Other Neurological Problems Y N Other Stin Problems Y N Other Skin Problems Y N Other Neurological Problems Y N Other Stin Problems Y N Other Stin Problems Y N Other Stin Problems Y N Other Skin Problems Y N Other Stin Problems Y N Other Gastrointestinal Y N Other Gastrointestinal Y N Other Gastrointestinal Y N Other Gastrointestinal Y N Other Genitourinary Y N		Sties, chalazion	Υ	N	Chronic infection of eye or lid	Υ	N	
Asthma Y N High Blood Pressure Y N Emphysema/COPD Y N Low Blood Pressure Y N Bernphysema/COPD Y N Low Blood Pressure Y N Bronchitis Y N Heart Attack Y N Chronic Cough Y N Cherolic Cough Y N Cherolic Cough Y N Chest Pains/Angina Y N Seasonal Allergies Y N Heart Murmur Y N N Tuberculosis Y N Congestive Heart Failure Y N Pneumonia Y N Irregular Heart Beat Y N Shortness of Breath Y N Migraines Y N Shortness of Breath Y N Migraines Y N Showing History Y N Slow or Fast Heart Rate Y N Shortness of Breath Y N Bleeding Problems Y N Stroke/TIA's Y N Other blood or lymphatic Y N Stroke/TIA's Y N Other blood or lymphatic Y N Arthritis Y N N Arthritis Y N N Arthritis Y N N Arthritis Y N N Other Musculoskeletal Y N Other Musculoskeletal Y N Other Musculoskeletal Y N Other Skin Problems Y N N Hiatal Hernia Y N Other Psychiatric Y N N Other Psychiatric Y N N Hiatal Hernia Y N Other Psychiatric Y N N Other Skin Problems Y N N Hiatal Hernia Y N Other Sys, Nose, Throat Y N N Other Gastrointestinal Y N Other Genitourinary Y N Other Genitourinary Y N Other Genitourinary	Explain	n "Yes" answers:						
Asthma Y N High Blood Pressure Y N Emphysema/COPD Y N Low Blood Pressure Y N Bernphysema/COPD Y N Low Blood Pressure Y N Bronchitis Y N Heart Attack Y N Chronic Cough Y N Cherolic Cough Y N Cherolic Cough Y N Chest Pains/Angina Y N Seasonal Allergies Y N Heart Murmur Y N Tuberculosis Y N Congestive Heart Failure Y N Tuberculosis Y N Congestive Heart Failure Y N Shortness of Breath Y N Migraines Y N Shortness of Breath Y N Migraines Y N Shortness of Breath Y N Bloeding Problems Y N Stroke/TIA's Y N Slow or Fast Heart Rate Y N Stroke/TIA's Y N Other blood or lymphatic Y N Stroke/TIA's Y N Other blood or lymphatic Y N Arthritis Y N N Arthritis Y N N Arthritis Y N N Arthritis Y N N Other Musculoskeletal Y N Other Musculoskeletal Y N Other Skin Problems Y N N Hepatitis/Yellow Jaundice Y N Other Musculoskeletal Y N Other Skin Problems Y N N Hiatal Hernia Y N Other Neurological Problems Y N N Other Neurological Problems Y N N Hiatal Hernia Y N Other Psychiatric Y N Stomach Ulcers Y N Other Genitourinary	RESP	IRATORY			CARDIOVASCULAR			
Emphysema/COPD Y N Low Blood Pressure Y N Bronchitis Y N Heart Attack Y N Chronic Cough Y N Chest Pains/Angina Y N Seasonal Allergies Y N Heart Murmur Y N Tuberculosis Y N Congestive Heart Failure Y N Pneumonia Y N Irregular Heart Beat Y N Shortness of Breath Y N Migraines Y N Migraines Y N Shortness of Breath Y N Slow or Fast Heart Rate Y N Smoking History Y N Slow or Fast Heart Rate Y N Stroke/TIA's Y N Stroke/TIA's Y N Other blood or lymphatic Y N Other blood or lymphatic Y N Thyroid Y N Cancer Y N Arthritis Y N Arthritis Y N N Arthritis Y N N Other Musculoskeletal Y N Other Musculoskeletal Y N Other Skin Problems Y N Other Skin Problems Y N N Hiatal Hernia Y N Other Psychiatric Y N Stomach Ulcers Y N Other Gastrointestinal Y N Other Genitourinary Y N Other Genitourinary	11201		Υ	N		Υ	N	
Bronchitis Y N Heart Attack Y N Chronic Cough Y N Chronic Cough Y N Chest Pains/Angina Y N Seasonal Allergies Y N Heart Murmur Y N Tuberculosis Y N Congestive Heart Failure Y N Pneumonia Y N Irregular Heart Beat Y N Migraines Y N Migraines Y N Migraines Y N Migraines Y N Shortness of Breath Y N Shortness of Breath Y N Slow or Fast Heart Rate Y N Smoking History Y N Slow or Fast Heart Rate Y N Stroke/TIA's Y N Other Polembor Y N Stroke/TIA's Y N Other blood or lymphatic Y N N Other blood or lymphatic Y N N Arthritis Y N N Arthritis Y N N Hepatitis/Yellow Jaundice Y N Other Musculoskeletal Y N Other Musculoskeletal Y N Other Skin Problems Y N Hiatal Hernia Y N Other Neurological Problems Y N Stomach Ulcers Y N Other Sychiatric Y N Other Sychiatric Y N N Other Sychiatric Y N N Other Gastrointestinal Y N Other Gastrointestinal Y N Other Gastrointestinal Y N Other Genitourinary Y N Other Genitourinary					-			
Chronic Cough Y N Chest Pains/Angina Y N Seasonal Allergies Y N Heart Murmur Y N Tuberculosis Y N Congestive Heart Failure Y N Pneumonia Y N Irregular Heart Beat Y N Shortness of Breath Y N Migraines Y N Migraines Y N Shortness of Breath Y N Migraines Y N Shortness of Breath Y N Bleeding Problems Y N Stroke/TIA's Y N Stroke/TIA's Y N Other blood or lymphatic Y N Other Bleeding Problems Y N Other Musculoskeletal Y N Other Musculoskeletal Y N Other Musculoskeletal Y N Other Skin Problems Y N Blackouts Y N Other Neurological Problems Y N Hiatal Hernia Y N Other Neurological Problems Y N Other Psychiatric Y N Stomach Ulcers Y N Other Gastrointestinal Y N Other Gastrointestinal Y N Other Genitourinary Y N Other Genitourinary Y N Other Genitourinary								
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Tuberculosis Y N Congestive Heart Failure Y N Pneumonia Y N Irregular Heart Beat Y N Shortness of Breath Y N Migraines Y N Shortness of Breath Y N Migraines Y N Migraines Y N Sowking History Y N Slow or Fast Heart Rate Y N Bleeding Problems Y N Stroke/TIA's Y N Other blood or lymphatic Y N Other blood or lymphatic Y N N Intestinal/Bowel Problems Y N N Cancer Y N N Cancer Y N N Hepatitis/Yellow Jaundice Y N Other Musculoskeletal Y N Other Skin Problems Y N Diher Skin Problems Y N N Other Skin Problems Y N N Hiatal Hernia Y N Other Psychiatric Y N Stomach Ulcers Y N Other Eyes, Nose, Throat Y N HIV/AIDS Y N Other Gastrointestinal Y N Other Gastrointestinal Y N Other Gastrointestinal Y N Other Gastrointestinal Y N Other Genitourinary Y N Other Genitourinary Y N		-	•		•			
Pneumonia Y N Irregular Heart Beat Y N Shortness of Breath Y N Migraines Y N N		-	•			-		
Shortness of Breath Y N Migraines Y N Smoking History Y N Slow or Fast Heart Rate Y N Defension of History Y N Bleeding Problems Y N Stroke/TIA's Y N Other blood or lymphatic Y N Other blood or lymphatic Y N Defension of Language Systems of Langu								
Smoking History Other					_	-		
Other Y N Bleeding Problems Y N Stroke/TIA's Y N Other blood or lymphatic Y N N Other blood or lymphatic Y N N Intestinal/Bowel Problems Y N N Thyroid Y N N Cancer Y N N Kidney Disease Y N N Arthritis Y N Hepatitis/Yellow Jaundice Y N Other Musculoskeletal Y N Convu Is ions/Se izures/ Other Skin Problems Y N Hiatal Hernia Y N Other Neurological Problems Y N Stomach Ulcers Y N Other Sychiatric Y N HIV/AIDS Y N Other Gastrointestinal Y N Other Genitourinary Y N Other Genitourinary Y N						_		
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SYSTEMIC Diabetes Y N Intestinal/Bowel Problems Y N N Cancer Y N N Cancer Y N N Hiatal Hernia Y N Other Psychiatric Y N Stomach Ulcers Y N Other Gastrointestinal Y N Other Genitourinary Y N Other Genitourinary Y N Other Genitourinary					_			
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Diabetes Y N Intestinal/Bowel Problems Y N Thyroid Y N Cancer Y N Kidney Disease Y N N Arthritis Y N Hepatitis/Yellow Jaundice Y N Other Musculoskeletal Y N Convu Is ions/Se izures/ Other Skin Problems Y N Blackouts Y N Other Neurological Problems Y N Hiatal Hernia Y N Other Psychiatric Y N Stomach Ulcers Y N Other Eyes, Nose, Throat Y N HIV/AIDS Y N Other Gastrointestinal Y N Other Genitourinary Y N	SYST	EMIC						
Thyroid Y N Cancer Y N Kidney Disease Y N Arthritis Y N Hepatitis/Yellow Jaundice Y N Other Musculoskeletal Y N Convu Is ions/Se izures/ Blackouts Y N Other Neurological Problems Y N Hiatal Hernia Y N Other Psychiatric Y N Stomach Ulcers Y N Other Eyes, Nose, Throat Y N HIV/AIDS Y N Other Gastrointestinal Y N Other Genitourinary Y N	~ 1		Y	N	Intestinal/Bowel Problems	Y	N	
Kidney Disease Y N Arthritis Y N Hepatitis/Yellow Jaundice Y N Other Musculoskeletal Y N Convu Is ions/Se izures/ Other Skin Problems Y N Blackouts Y N Other Neurological Problems Y N Hiatal Hernia Y N Other Psychiatric Y N Stomach Ulcers Y N Other Eyes, Nose, Throat Y N HIV/AIDS Y N Other Gastrointestinal Y N Other Genitourinary Y N								
Hepatitis/Yellow Jaundice Y N Other Musculoskeletal Y N Convu Is ions/Se izures/ Blackouts Y N Other Neurological Problems Y N Hiatal Hernia Y N Other Psychiatric Y N Stomach Ulcers Y N Other Eyes, Nose, Throat Y N HIV/AIDS Y N Other Gastrointestinal Y N Other Genitourinary Y N					Arthritis			
Convu Is ions/Se izures/ Blackouts Y N Other Neurological Problems Y N Hiatal Hernia Y N Stomach Ulcers Y N HIV/AIDS Y N Other Genitourinary Y N Other Genitourinary								
Blackouts Y N Other Neurological Problems Y N Hiatal Hernia Y N Other Psychiatric Y N Stomach Ulcers Y N Other Eyes, Nose, Throat Y N HIV/AIDS Y N Other Gastrointestinal Y N Other Genitourinary Y N		-			Other Skin Problems			
Hiatal Hernia Y N Other Psychiatric Y N Stomach Ulcers Y N Other Eyes, Nose, Throat Y N HIV/AIDS Y N Other Gastrointestinal Y N Other Genitourinary Y N			Y	N	Other Neurological Problems	Y		
Stomach Ulcers Y N Other Eyes, Nose, Throat Y N HIV/AIDS Y N Other Gastrointestinal Y N Other Genitourinary Y N					_			
HIV/AIDS Y N Other Gastrointestinal Y N Other Genitourinary Y N								
Other Genitourinary Y N		HIV/AIDS	Y	N				
Explain "Yes" answers:								
	Explai	n "Yes" answers:						

(see other side)

\mathbf{II} **Past History** List any medications you take: ___ List all major illnesses or injuries you have had in the past: ___ List all surgeries you have had in the past Do you have allergies to any medications? Y If "Yes", list medications and type of reaction: III. **Family History** Blindness Y Relationship to You ____ N Crossed or Lazy Eye Y Ν Relationship to You _____ Cataracts Y Ν Relationship to You ___ Relationship to You _____ Glaucoma Y N Relationship to You _____ Macular Degeneration Y Retinal Detachment Y N Relationship to You _____ Arthritis. Y N Relationship to You _____ Cancer Y N Relationship to You _____ Diabetes Y N Relationship to You _____ Y Heart Attack N Relationship to You _____ Relationship to You _____ High Blood Pressure Y Ν Relationship to You _____ Y Other N IV. Social History Current Occupation: -Do you drive? Do you have visual difficulty when driving? Y N Do you have a problem with night vision? Y N Have you ever tried to wear contacts? Y N Do you currently wear glasses? Y N How long have you had your current pair? ____ Do you drink alcohol? Y N If so, how frequently? Do you smoke? N If so, how many packs a day? Please list any additional pertinent information: _____ Initial Review by: Date: _____

PATIENT QUESTIONNAIRE

	PLEASE LIST THE FAMILY MEMBERS OR OTHER PERSONS, IF ANY, WHOM WE MAY INFORM ABOUT YOUR GENERAL MEDICAL CONDITION AND YOUR DIAGNOSIS:
	PLEASE LIST THE FAMILY MEMBERS OR SIGNIFICANT OTHERS, IF ANY, WHOM WE MAY INFORM ABOUT YOUR MEDICAL CONDITION ONLY IN AN EMERGENCY:
	PLEASE PRINT THE ADDRESS OF WHERE YOU WOULD LIKE YOUR BILLING STATEMENTS AND/OR CORRESPONDENCE FORM OUR OFFICE TO BE SENT IF OTHER THAN YOUR HOME:
	PLEASE INDICATE IF YOU WANT ALL CORRESPONDENCE FROM OUR OFFICE SENT IN A SEALED ENVELOPE MARKED "CONFIDENTIAL": YES NO
	PLEASE PRINT THE TELEPHONE NUMBER, IF ANY, WHERE YOU WANT TO RECEIVE CALLS ABOUT YOUR APPOINTMENTS, LAB AND X-RAY RESULTS, OR OTHER HEALTH CARE INFORMATION IF OTHER THAN YOUR HOME PHONE NUMBER: ()
	CAN CONFIDENTIAL MESSAGES (I.E. APPOINTMENT REMINDERS) BE LEFT ON YOUR HOME ANSWERING MACHINE OR VOICEMAIL? YES NO
	IF YOU DO NOT HAVE VOICEMAIL, CAN A CONFIDENTIAL MESSAGE BE LEFT AT YOUR PLACE OF EMPLOYMENT? YES NO
ΓΙ	ENT NAME
Jl	NATUREXDATE
ΤI	ENT AND/OR GUARDIAN

MEDICAL-SURGICAL EYE CARE, P. A. PATIENT ACKNOWLEDGEMENT OF HAVING READ OR BEEN READ THE NOTICE OF HEALTH INFORMATION PRACTICES

- I HAVE BEEN PROVIDED THE OPPORTUNITY TO READ, OR IT HAS BEEN READ TO ME, THE NOTICE OF HEALTH INFORMATION PRACTICES AT MEDICAL-SURGICAL EYE CARE, P.A.
- I UNDERSTAND THAT MEDICAL-SURGICAL EYE CARE, P. A. IS COMMITTED TO TREATING AND USING PROTECTED HEALTH INFORMATION ABOUT ME RESPONSIBLY.
- I UNDERSTAND MY RIGHTS AS IT RELATES TO MY RECORDS AT MEDICAL-SURGICAL EYE CARE, P. A. AND UNDERSTAND HOW INFORMATION ABOUT ME MAY BE USED AND DISCLOSED.
- I UNDERSTAND THAT MY HEALTH RECORD IS THE PHYSICAL AND LEGAL PROPERTY OF MEDICAL-SURGICAL EYE CARE, P. A., BUT THE INFORMATION BELONGS TO ME. I MAY HAVE ACCESS TO INSPECT, AMEND OR OBTAIN A COPY OF MY HEALTH INFORMATION. COSTS WILL INCUR FOR COPIES OF MY RECORDS, AND APPOINTMENTS MUST BE MADE WITH THE PRIVACY OFFICER TO INSPECT, ACCESS OR AMEND MY HEALTH INFORMATION.
- I UNDERSTAND THAT MEDICAL-SURGICAL EYE CARE, P.A. IS REQUIRED TO MAINTAIN THE PRIVACY OF MY HEALTH INFORMATION. MEDICAL-SURGICAL EYE CARE, P.A. WILL REQUIRE MY AUTHORIZATION TO RELEASE MY HEALTH INFORMATION TO OUTSIDE SOURCES WITH THE EXCEPTION OF DISCLOSURES FOR PURPOSES OF TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS. THESE MAY INCLUDE: ACCESS TO MY HEALTH INFORMATION BY MEDICAL-SURGICAL EYE CARE, P.A. STAFF AND PHYSICIANS; BILLING TO MYSELF OR A THIRD-PARTY PAYER; IN ADDITION, BUSINESS ASSOCIATES OF MEDICAL-SURGICAL EYE CARE P.A. MAY FROM TIME TO TIME HAVE ACCESS TO MY HEALTH INFORMATION, BUT I AN ASSURED THAT PROPER BUSINESS ASSOCIATES AGREEMENTS ARE IN PLACE, INSURING THE PROTECTION OF MY HEALTH INFORMATION; UPON THE PHYSICIANS BEST JUDGMENT WE MAY DISCLOSE TO A FAMILY MEMBER, RELATIVE OF CLOSE PERSONAL FRIEND OR ANY OTHER PERSON YOU IDENTIFY, HEALTH INFORMATION RELEVANT TO THAT PERSON'S INVOLVEMENT IN MY CARE, MAY BE USED FOR RESEARCH OR LEGAL DATA, FUNERAL DIRECTORS; ORGAN PROCUREMENT; MARKETING, FDA, PUBLIC HEALTH OR LEGAL AUTHORITIES; AND/OR LAW ENFORCEMENT PURPOSES.

MEDICAL-SURGICAL EYE CARE, P.A. MAY CALL ME WITH APPOINTMENT REMINDERS, CANCELLATIONS AND MAY LEAVE VOICE MESSAGES AT MY HONE OR PLACE OF EMPLOYMENT.

I HAVE READ AND UNDERSTAND THE HEALTH INFORMATION PRACTICES OF MEDICAL-SURGICAL EYE CARE, P. A.