

Consent for Purposes of Treatment, Payment, and Healthcare Operations

I consent to the use of disclosure of my protected health information by the providers at Mahan & Ridley Eye Associates, PLLC for the purpose of diagnosing or providing treatment to me, obtaining payment for my health care bills, or to conduct health care operations of Mahan & Ridley Eye Associates, PLLC. I understand that diagnosis or treatment of me by the providers at Mahan & Ridley Eye Associates, PLLC may be conditioned upon my consent as evidenced by my signature of this document.

I understand 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 healthcare operations of the practice. Mahan and Ridley Eye Associates, PLLC is not required to agree to the restrictions that I may request. However, if Mahan & Ridley Eye Associates agrees to a restriction that I request, the restriction is binding on Mahan & Ridley Eye Associates, PLLC and all providers in the practice.

I have the right to revoke this consent, in writing, at any time, except to the extent that any of the providers or Mahan & Ridley Eye Associates, PLLC has taken action in reliance on this consent.

My "protected health information" means health information, including my demographic information, collected from me and created 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 condition and identifies me, or there is reasonable basis to believe the information may identify me.

I understand I have the right to review Mahan & Ridley Eye Associates, PLLC Notice of Privacy Practices prior to signing this document.

Mahan & Ridley Eye Associates 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 in the performance of health care operations of Mahan & Ridley Eye Associates, PLLC. The Notice of Privacy Practices is provided in a booklet located in the reception area. This Notice of Privacy Practices also describes my rights and Mahan and Ridley Eye Associates, PLLC duties with respect to my protected health information.

Mahan & Ridley Eye Associates, PLLC reserves the right to change the privacy practices that are described in the Notice of Privacy Practices.

Signature of Patient or Patient's Representative

Date

Printed Name of Patient or Representative

Description of Representative if applicable