LONGMEADOW OPTICAL
7420 HAYWARD RD SUITE 202
FREDERICK, MD 21702

Communication Authorization

PATIENT NAME____DATE OF BIRTH______________________

I, _____________________ GIVE LONGMEADOW OPTICAL PERMISSION TO DISCUSS THE FOLLOWING:

____ DIAGNOSIS, PROGNOSIS, AND TREATMENT INFORMATION
____TEST RESULTS
____SCHEDULING INFORMATION
____NOTICE OF GLASSES OR CONTACT LENS ORDERS RECEIVED
____BILLING INFORMATION
____OTHER (PLEASE SPECIFY)____

WITH THE FOLLOWING PEOPLE:
___________________________RELATIONSHIP________________PHONE #:_________________________

___________________________RELATIONSHIP________________PHONE #:_________________________

I ALSO AUTHORIZE LONGMEADOW OPTICAL TO:

____LEAVE MESSAGES ON MY HOME ANSWERING MACHINE
____LEAVE MESSAGES ON MY CELL PHONE
____LEAVE MESSAGES ON MY WORK ANSWERING MACHINE/VOICEMAIL
____LEAVE MESSAGES WITH MY FAMILY MEMBERS OR OTHERS RESIDING IN MY HOUSEHOLD

CONSENT FOR USE AND DISCLOSURE OF HEALTH INFORMATION/HIPPA

PURPOSE OF CONSENT: BY SIGNING THIS FORM, YOU CONSENT TO OUR USING AND DISCLOSING YOUR PROTECTED HEALTH INFORMATION IN ORDER TO TREAT YOU, TO COLLECT PAYMENT, AND TO CARE FOR YOUR HEALTH.

NOTICE OF PRIVACY PRACTICES: A COPY OF OUR NOTICE OF PRIVACY PRACTICES HAS BEEN MADE AVAILABLE TO YOU AT OUR OFFICE AS WELL AS ON THE WEB AT WWW.LONGMEADOWOPTICAL.COM. UPON SIGNING THIS CONSENT, YOU ARE ACKNOWLEDGING THAT YOU HAVE CAREFULLY READ OUR NOTICE OF PRIVACY PRACTICES.
IF OUR PRIVACY POLICY IS REVISED, WE WILL ASK YOU TO ACKNOWLEDGE THE UPDATES AND TO SIGN THIS CONSENT AGAIN**.**

CHANGING YOUR PERMISSIONS: YOU ARE RESPONSIBLE TO FILE A NEW COMMUNICATION AUTHORIZATION IN THE EVENT YOUR HOUSEHOLD SITUATION CHANGES AND/OR YOUR DESIRED PERMISSION CHANGES.

RIGHT TO REVOKE: YOU HAVE THE RIGHT TO REVOKE THIS CONSENT AT ANY TIME. TO DO SO, GIVE WRITTEN NOTICE OF YOUR REVOCATION TO OUR OFFICE AT THE ADDRESS LISTED ABOVE. IF REVOCATION WILL INTERFERE WITH YOUR TREATMENT IN ANY WAY, WE MAY DECLINE TO SEE YOU FOR FURTHER TREATMENT.

PATIENT/PARENT/GUARDIAN'S
SIGNATURE____DATE____________________