



# Parkland Eye & Vision

*Your Family Vision Source*

Paul A. Williams, OD, FAAO Optometric Physician

112 131<sup>st</sup> ST S • Tacoma, Washington 98444 • (253) 537-7544 • www.parklandeye.com

## HIPPA/PRIVACY ACKNOWLEDGEMENT

In complying with the Health Insurance Portability and Accountability Act, HIPPA, we want to make sure that we guard all of your health care information according to your wishes.

I authorize Parkland Eye & Vision to release my medical/vision care information to the following parties:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone# \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone# \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone# \_\_\_\_\_

You must inform us, **in writing**, of any changes in your directives. This will be kept in your medical record along with acknowledgment of receipt of our Notice of Privacy Practices.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PATIENT RECORD/INFORMATION RELEASE FOR MEDICAL OFFICES

I authorize the release of any information necessary to provide health care, including medical records, charts, test results, notes, and other records. I request that a copy of these records be faxed to Parkland Eye & Vision.

In the event the patient is a minor or individual under guardianship, power of attorney, or conservatorship, the person signing must be duly authorized to serve in such capacity and sign below for the patient:

Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_