

Name: _____ Address: _____

Home Phone: _____ Patient DOB: _____

If you agree to allow us to text appointment reminders and to notify patient of eyewear pick-up, please release the following contact information:

Cell: _____ Email: _____

ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES

The law requires that Eye Clinic of Saltillo, PLLC make every effort to inform you of your rights related to your personal health information. By my signing below, I acknowledge that:

- I have read or had explained to me Eye Clinic of Saltillo, PLLC Notice of Privacy Practice and agree to continue my care with Eye Clinic of Saltillo, PLLC under said terms.
- I was given opportunity to read Eye Clinic of Saltillo, PLLC Notice of Privacy Practices and declined but wish to continue my care with Eye Clinic of Saltillo, PLLC under the terms of Eye Clinic of Saltillo, PLLC privacy policies.
- I have read or had explained to me Eye Clinic of Saltillo, PLLC Notice of Privacy Practice and do not wish to continue my care with Eye Clinic of Saltillo, PLLC under said terms.
- The Notice of Privacy Practice could not be read due to the emergent nature of the care or other reason described as _____

I HAVE READ AND UNDERSTAND THIS FORM. I AM SIGNING IT VOLUNTARILY.

Patient Date

If you are signing as a personal representative of the patient, please indicate your relationship

Representative Relationship to Patient

I authorize payment of medical benefits to the physician or supplier for services rendered. I agree to assume responsibility for full payment of any remaining balance that is not covered by my insurance.

Signature of Patient or Authorized Person Date

List the names of people authorized to receive information about patient:

Name: _____ Name: _____

Digital Retinal Imaging does not replace dilation, but it is a high resolution photographic system which details the retina and can be used to establish a wellness baseline and to follow critical retinal developments throughout life. Any routine eye exam should always include a careful assessment of the retina to screen for abnormalities or disease. The sensitive tissue that makes up the retina is susceptible to a variety of diseases that can ultimately lead to partial loss of vision or even complete blindness. Early detection of any retinal abnormality is thus crucial. Particular concerns are retinal problems like macular degeneration, retinal holes or detachments; and systemic diseases like diabetes, arteriosclerosis, and hypertension. These conditions, which often develop without warning or symptoms, are progressive and can lead to serious health and eye problems including partial loss of vision or blindness.

Consent

Decline

**SCREENING NOT COVERED
BY INSURANCE
FEE IS \$29.00**

Signature _____ Date _____