

## Ophthalmic Consultants of Vermont

Consent under Vermont Law for Purposes of Treatment and Healthcare Operations

I consent to the use or disclosure of my protected health information by Ophthalmic Consultants of Vermont for the purpose of diagnosing or providing treatment to me, obtaining payment for my health care bills or to conduct health care operations of Ophthalmic Consultants of Vermont.

I have the right to revoke this consent, in writing, at any time, except to the extent that Ophthalmic Consultants of Vermont has taken action in reliance on the 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 or condition and identifies me, or there is a reasonable basis to believe the information may identify me.

**X**

\_\_\_\_\_  
Signature of Patient or Personal Representative

\_\_\_\_\_  
Date

### **ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES**

I have been shown a copy of the Notice of Privacy Practices from Ophthalmic Consultants of Vermont.

**X**

\_\_\_\_\_  
Patient/Guardian/Personal Representative Signature

\_\_\_\_\_  
Date