

A family tradition  
of exceptional  
vision care



4314 Kemp Blvd Wichita Falls, TX 76308  
940-691-5645  
[www.clarkeeye.com](http://www.clarkeeye.com)

## CONSENT FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION (HIPAA)

By signing this form, you are granting consent to CLARKE EYECARE CENTER to use and disclose your protected health information for the purposes of treatment, payment and health care operations. Our Notice of Privacy Practices provides more detailed information about how we may use and disclose this protected health information. You have a legal right to review our Notice of Privacy Practices before you sign this consent and we encourage you to read it in full. This information is located in the waiting area of each office. Patients may also visit our online office at [www.clarkeeye.com](http://www.clarkeeye.com). Click on the "Office Forms" tab located on the top of the home page, and then select "Notice of Privacy Practices."

The Notice of Privacy Practices policy is subject to change. If we change our notice, you may request a copy of the revised notice by contacting our Administrator at 940-691-5645.

You have a right to request us to restrict how we use and disclose your protected health information for the purposes of treatment, payment and health care operations. We are not required by law to grant your request. However, if we do decide to grant your request, we are bound by our agreement.

You have the right to revoke this consent in writing, except to the extent we already have used or disclosed your protected health information in reliance on your consent.

**I hereby consent to the use and disclosure of my individually identifiable health information for treatment, payment and health care operation purposes.**

**In addition, I hereby give permission for this practice to disclose medical information and discuss my health care with the following persons:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

---

Patient Name (Please Print)

---

Signature of patient or patient representative

Date

Dec/2011 updated