

# HIPAA Privacy Release Authorization

Per Oklahoma State Title 63, Section 1-502 all information that identify any communicable or venereal disease is confidential. Due to Oklahoma State Title 63, section 1-502, Jones Eyecare Associates must receive written authorization from its patients prior to third-party individuals being present during time of examination.

If you want to authorize anyone other than yourself to be present during your examination, or allow Anyone other than yourself to pick up your prescription or contacts please complete the section below.

## Protected Health Information Release Authorization

I understand that by granting this authorization the information that is discussed may include information, which may be considered a communicable, or venereal diseases, which may include, but are not limited to, diseases such as hepatitis, syphilis, gonorrhea, and the immunodeficiency virus.

I, \_\_\_\_\_, do/do not authorize the following  
(Patient's Name)  
persons to have access to my protected health information:

Name

Relationship to patient

- 1.
- 2.
- 3.

This office offers retinal photography. Although this technology is not a substitute for a dilated eye exam, it is an excellent tool to evaluate internal eye health **WITHOUT** dilation. A baseline photo is highly recommended for all patients and ongoing photo documentation is recommended for anyone at risk of progressive eye diseases such as glaucoma, diabetic or hypertensive retinopathy or macular degeneration. **THE FEE FOR PHOTO / OCT IS \$25.00**

I (Please circle one) **DO / DO NOT** want to have this procedure today.

In addition to a basic eye examination, it is strongly advised that **ALL** patients undergo pupillary dilation in order to assure a thorough evaluation of ocular health. Without dilation of the pupil all of the internal structures of the eye cannot be viewed. Side effects of pupil dilation include light sensitivity, blurred vision at near and possible rare adverse reactions such as angle closure which is treatable with immediate medical attention. These side effects can last up to 8 hours. If you are unsure whether you can safely operate a vehicle with your eyes dilated, we suggest that you schedule a time when you can bring a driver. I understand that in refusing dilation I am accepting all risks associated with failure to diagnose eye conditions that may have been observed with this test. **THE FEE FOR DILATION IS \$25.00**

I understand the importance of pupillary dilation and  
(Please Circle One) Do / Do Not  
Authorize Jones Eyecare to administer dilating eye drops.

I consent to the use of my protected health information to carry out treatment, payment activities and healthcare operations. I have read and consent to the above information and acknowledge receipt of Privacy Policies and practices of Jones Eyecare Associates.

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

Santa Fe Office Only