PATIENT INFORMATION

MR.
MS.
MRS.
DR.

_____
LAST FIRST MIDDLE

DATE OF BIRTH: _____/_____/_____ _____
MONTH DAY YEAR SOCIAL SECURITY NUMBER

ADDRESS: _____
STREET CITY STATE ZIP

HOME TELEPHONE: _____ BUSINESS TELEPHONE: _____

E-MAIL ADDRESS: _____

HOW DID YOU HEAR ABOUT EYE CARE AND LASER SURGERY? _____

PRIMARY CARE PHYSICIAN: _____ PHONE NUMBER: _____

PRACTICE NAME, IF KNOWN: _____

_____
STREET ADDRESS CITY STATE ZIP

HAS ANY FAMILY MEMBER BEEN SEEN HERE BEFORE? YES □ NO □

IF YES, PLEASE SPECIFY: _____

********** GUARANTOR INFORMATION (CARD HOLDER)**********

INSURANCE POLICY HOLDER: _____ _____
LAST FIRST DATE OF BIRTH

ADDRESS IF DIFFERENT FROM PATIENT: _____

NAME AND ADDRESS OF EMPLOYER: _____

_____

ACKNOWLEDGEMENT TO NOTIFICATION OF PRIVACY PRACTICES AND CONSENT FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

I understand that the doctors and staff who work with this practice are called "providers." I understand that if I want to receive treatment from one or more of the providers, I need to give permission for them to share information about my health among themselves and with other individuals for treatment and billing purposes and other health care operations.

I understand that Eye Care and Laser Surgery of Newton-Wellesley has a Notice of Privacy Practices that describes in more detail how my health care information is used and shared with others. The Notice explains: (1) when I need to give further approval for the providers to use my health information or share it outside the practice and (2) when my permission is not needed for the providers to use it or share it outside the practice.

I understand that I have a right to request a copy of the Notice and that I have a right to read the Notice before signing this consent.

By signing below, I acknowledge the notification of Eye Care and Laser Surgery of Newton-Wellesley's Notice of Privacy Practices and consent to their uses and disclosures therein.

_____ _____
Patient Signature Date

_____ _____
Signature of Legal Representative Relationship

_____
Print Name