



**Authorization of use and disclosure of protected health information:**

I authorize Mid-Valley Eyecare, doctors and staff to disclose information regarding my medical treatment, diagnosis and financial information to the following designated individuals or organizations. I understand that I may revoke this at anytime.

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

**Mid-Valley Eyecare** is committed to caring for our patient’s complete ocular health. Our patients will receive a **COMPLETE COMPREHESIVE EXAMINTAIION**. Our doctors are trained to diagnose and treat most ocular diseases.

**Optomap Screening:** An ultra-wide field retinal imaging that captures more than 80% of the back of your eye, allowing for early detection of many eye conditions and other diseases (Diabetes, Heart Disease). This is an alternative to dilation. We are now offering the Optomap screening at a low rate of **\$25**.

**Routine Vision Exams** will be billed to a patient’s vision plan if you have one. Routine diagnosis is myopia (nearsightedness ), hyperopia ( farsightedness), astigmatism and presbyopia.

If a **Medical Diagnosis** (cataracts ,glaucoma suspect, diabetes, pink eye-(conjunctivitis), foreign body, ect,) is determined by the doctor, the patients eye exam is no longer routine, but a medical exam. At that time, the doctor may order more imaging of the eye, and this will be billed to your medical insurance. This is the reason we request your medical insurance information to be on file. I have read and understand when my **VISION PLAN** will be billed and when my **MEDICAL PLAN** will be billed. \_\_\_\_\_ **(Initial)**

**I hereby acknowledge receipt of Mid-Valley Eye Cares Notice of Privacy Practices.**

Name (Please Print): \_\_\_\_\_

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

I am a parent/legal guardian of \_\_\_\_\_ (patient name). I hereby acknowledge receipt of Mid Valley Eye Cares Notice of Privacy Practices with respect to the patient.

Name:(Please Print) \_\_\_\_\_

Relationship to patient: \_\_\_\_\_ Parent \_\_\_\_\_ Legal Guardian

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