

Patient Consent for Release of Medical Information

Due to the HIPAA laws that are now in effect, we must have your written authorization to release your medical information to a person other than yourself. Understand that your information may need to be discussed with your current physician or referred to/from specialists in regards to scheduling of procedures, consultations, and health history that may impact your vision and eye health. Only the information needed to do this will be released, with the exception of the recipients listed on this form. This release will be valid for one year from the date of signing.

Who may we release your medical information to?

(e.g. spouse or other family member)

Name Relationship to Patient

Name Relationship to Patient

Cancellation and Missed Appointment Policy

In order to be respectful of the needs of all our patients, please call Optical Intuitions promptly if you are unable to make your reserved appointment time. If it is necessary to cancel your scheduled appointment, we request that you call at least 24 hours in advance. Your early cancellation will give another patient the opportunity to receive care. We understand that unavoidable circumstances may warrant special consideration, but please note a \$25 charge may be applied to your account if your missed appointment is not cancelled with at least 24-hour advance notice. Thank you for your cooperation as we strive to best serve the needs of all our patients.

May we leave a message on your voicemail or text you to confirm future appointments?

Yes No

Signature _____

Date _____