Levenson eye associates

LevensonEyeAssociates.com | 904-366-3781

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AUTHORIZATIONS

Patient Name (please print): _____ Date of Birth: _____

- I hereby authorize and request the medical treatment necessary for the care of the above patient.
- I authorize **LEVENSON EYE ASSOCIATES** to use and disclose protected health information to complete the treatment, payment, and healthcare operations for the above patient. I understand this may include the release of all medical records to the referring and family physicians and to my insurance company. If necessary, I allow the fax transmittal of my medical records.
- I acknowledge full financial responsibility for services rendered at **LEVENSON EYE ASSOCIATES**. I understand payment is due at the time of service unless other definite financial arrangements have been made prior to treatment. I agree to pay all reasonable attorney fees and collection costs in the event of a default of payment of my charges.
- I further authorize and request that insurance payments be made directly to **LEVENSON EYE ASSOCIATES** if they elect such an arrangement.
- I acknowledge that I have received notice of the Privacy Practices. A copy is in the front of the office.
- I acknowledge my phone, and email may be used to relay information regarding appointments, test results, and other information.
- I authorize **LEVENSON EYE ASSOCIATES** to store my photo and identification information.
- I agree that **LEVENSON EYE ASSOCIATES** may record an exam visit. Under no circumstances may a patient, patient representative, or visitor take a recording of another patient, patient representative, or visitor without explicit permission.
- I certify that the information I have provided is true and accurate, and I understand and agree to all the patient responsibilities previously outlined.

☐ I have read and understand the above consent for treatment, for the release of protected health information, for financial responsibility, and for insurance authorization.

_____ _____

Patient / Parent or Guardian Signature Date