



PATIENT CONTACT

Retina Consultants of Nevada may contact you regarding appointments, test results, financial matters/billing concerns by telephone at any number associated with your account and leave a message as necessary. This can include a wireless telephone numbers, which could result in charges to you. We may also contact you by sending emails, if an email is provided to us. Methods of contact may include using pre-recorded/artificial voice messages and/or use of an automated dialing system if applicable.

Retina Consultants of Nevada reminds our patients of their appointments by phone call, text message and email.

My Preferred Method of Contact:

Phone: _____ Cell: _____
Email: _____ Other: _____

RELEASE OF PHI TO SPECIFIED PARTIES

Do we have permission to release your Protected Health Information to anyone involved in your care? YES or NO

If YES list the name(s) of the person(s) who have permission for access to your Protected Health Information. Please do not use general description such as family or friend. Complete all lines.

Table with 4 columns: Name, Relationship, Telephone, Information. Information column contains 'All Records' or 'Specific Dates'.

I understand that my permission for the Release of my Protected Health Information to parties listed above will remain in effect indefinitely, unless revoked in writing.

Printed Name Signature Patient/Parent/Guardian Date

Patient representative signature if patient is unable to sign: _____

Relationship: _____ Date: _____