

**WELCOME TO OUR OFFICE
CONNECTICUT VISION ASSOCIATES
PLEASE HELP US KEEP OUR RECORDS UP TO DATE**

**HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT
HIPAA - 1996**

CONNECTICUT VISION ASSOCIATES IS DEDICATED TO MAINTAINING OUR PRIVACY POLICY AND YOUR HIPAA. TO THAT END, WE WILL COMMUNICATE THE RESULTS OF OUR EVALUATION AND/OR SURGERY TO REFERRING PHYSICIAN, PRIMARY CARE PHYSICIAN, AND OTHER SPECIALISTS DIRECTLY INVOLVED IN THE CARE WE ARE PROVIDING.

IF THIS POLICY IS NOT ACCEPTABLE TO YOU, PLEASE INDICATE YOUR REASON BELOW:

IF YOU WISH TO ALLOW YOUR PROTECTED HEALTH INFORMATION TO BE SENT AND/OR DISCUSSED WITH ANOTHER PHYSICIAN, RELATIVE OR FAMILY FRIEND, AND/OR ANOTHER THIRD PARTY PROVIDER; PLEASE INDICATE THEIR NAMES BELOW:

OTHER PHYSICIANS:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

RELATIVES AND/OR FAMILY FRIEND:

NAME: _____ Phone: _____ Relationship _____

NAME: _____ Phone: _____ Relationship _____

NAME: _____ Phone: _____ Relationship _____

OTHER HEALTHCARE PROVIDERS (THERAPIST, SOCIAL WORKER, ETC):

NAME: _____ Title: _____ Phone: _____

NAME: _____ Title: _____ Phone: _____

Signature of Patient/Gaurdian _____ Date: _____