



Consent to Treatment: I hereby consent to the following: administration and performance of general treatments, use of prescribed medications, performance of diagnostic procedures/tests that may be considered medically necessary or advisable based on the judgement of my physician. I intend that this consent is continuing in nature even after a specific diagnosis has been made and treatment recommended. The consent will remain in full force until revoked in writing. A photocopy of this shall be considered as valid as the original.

Acknowledgement of Notice of Privacy Practices: The law requires that Collins Eye Center make every effort to inform you of your rights related to your personal health information. By my signing below, I acknowledge that: I was given the opportunity to review or obtain a copy of Collins Eye Center's Notice of Privacy Practices to read and I agree to continue my care under said terms.

Release of Information: I permit Collins Eye Center to release healthcare information for purposes of treatment, payment, or healthcare operations. If I am covered by Medicare, TennCare or any other third party insurance, I authorize the release of healthcare information including my medical records that may be required for payment of claims.

Disclosure to Friends and/or Family Members: I give permission for my Protected Health Information to be disclosed for the purposes of communicating results, findings and care decisions to the family members and others listed below:

Name	Relationship	Number
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Consent to Email and/or Texts: I consent to receive text messages from the practice at my cell phone number or emails to receive communication such as appointment reminders and other general information regarding my eyecare. The cell phone number that I authorize to receive text messages for appointment reminders is (_____)_____. The email that I authorize to receive messages for appointment reminders, feedback, and general health information is _____.

_____ Patient Signature	_____ Date
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_____ Representative's Signature (Parent/Guardian)	_____ Relationship
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_____ Emergency Contact	_____ Phone
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