



HIPPA AGREEMENT

Signature on File, Assignment of Benefits, Privacy Policy Acknowledgement

Patient Name

Due to recent federal law changes, the privacy of your medical information is strongly guarded and 20/20 EyeCare strives to uphold these guidelines for your protection.

1. **Insurance:** I request that payment of authorized Medicare and Medicaid or any private insurance benefits be made on my behalf to 20/20 EyeCare, Inc. for services furnished me. I authorize any holder of medical information about me to release my medical information as needed to determine my benefits and pay my claims.
2. **Release of Information:** 20/20 EyeCare, Inc. may disclose all or any part of my medical record and/or financial record to any entity responsible for payment on my account, and to any health care provider for continued patient care.
3. **Privacy Policy:** 20/20 EyeCare, Inc. cares about you and the privacy of the medical information you provide us. It is our office policy to safeguard this information and to that end, we will release only information absolutely necessary in order to obtain payment on your behalf, to notify you of appointment status or about an order you have placed with us. The official Privacy Act and its declarations is available for your review at any time.

Signature of Account Responsible

Today's Date