Cullison Eye care

2059 Houston Levee Rd. Suite 125
Germantown, TN 38139
TEL: 901-850-8572
FAX: 901-850-8573

HIPAA Privacy Practices

My signature below acknowledges my awareness of Cullison Eye Care's "Notice of Privacy Policy" form, describing my rights under the Health Insurance Portability and Accountability Act. I may receive the form in its entirety by simply notifying any staff member if I so desire.

In addition, my signature gives this location permission to use and disclose my vision related health information to process my corrective device order, and to provide me with exam reminders and product and service update information. Should I wish to use my health plan benefits or managed vision care, I authorize this location to share my vision/eye related health information with the necessary managed health plan or vision care carrier for authorization. This will provide me with my vision/eye care benefits and/or place a claim with the insurance carrier for payment on my behalf.

I have read and understand this form. I am voluntarily signing this form and authorize the use and disclosure of my health information as described above.

Patient Signature _____

Patient Name (Print)_____

Please list any family members or other individuals whom we may inform about your medical condition, diagnosis, treatment and payment. These individuals may also pick up any materials on your behalf. _____

_____

Date _____

Legal Guardian's Signature_____