



**Welcome to our office.
Please sign this form and return it to the front desk.**

This is our Patient Information Privacy Policy, you may read the policy in it's entirety on our website at www.triadeyeassociates.com

Notice of Privacy Practices Acknowledgement:

Our Notice of Privacy Practices provides information about how we may use and disclose protected health information about you. You have the right to review our notice before signing this consent. As provided in our notice, the terms of our notice may change. If we change our notice, you may obtain a revised copy by contacting Ms. Karen Meusel at 1.336.434.4033 or Triad Eye Associates, 311-D Trindale Road, Archdale, NC 27263. You have the right to request that we restrict how protected health information about you is used or disclosed for treatment, payment or health care operations. We are not required to agree to this restriction, but if we do, we are bound by our agreement.

By signing this form, you consent to our use and disclosure of protected health information about you for treatment, payment and health care operation. You have the right to revoke this consent, in writing, except where we have already made disclosures in reliance on your prior consent.

Patient Signature _____ Date _____