



## **HIPPA CONSENT FORM**

HIPPA is the Health Insurance Portability and Accountability Act of 1996

Our Notice of Privacy Practices (NPP) provides information about how we may use and disclose Private Health Information (PHI) about you. You have the right to review our NPP before signing this consent. As provided in our NPP, the terms to our NPP may change, in accordance with change in Federal regulations. The current Federal guidelines may be obtained by viewing the link on our website, on this page. You have the right to request that we restrict how PHI about you is used or disclosed. We are not required to agree to this restriction but if we do, we will honor our agreement. By signing this form, you consent to our use and disclosure of PHI about for treatment, payment and health care operations. You have the right to revoke this consent, in writing, except where we have already made disclosures in reliance on your prior consent.

Authorized Representative:

Relationship to Patient:

## **INFORMATION REGARDING DILATING EYE DROPS**

Dilating drops are used to dilate or enlarge the pupils of the eye to allow the ophthalmologist to get a better view of the inside of your eye. Dilating drops frequently blur vision for a length of time which varies from person to person and may make bright lights bothersome. It is not possible for your ophthalmologist to predict how much your vision will be affected. Because driving may become difficult immediately after an examination, it's best if you do not drive yourself. Adverse reactions, such as acute angle-closure glaucoma, may be triggered from the dilating drops. This is extremely rare and treatable with immediate medical attention. I hereby authorize Dr. Doerr, Dr. Metz, or such assistants as may be designated to administer dilating eye drops. The eye drops are necessary to diagnose my condition.

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Authorized Representative

Date