

**HEALTHCARE OPERATIONS CONSENT FOR PURPOSES OF  
TREATMENT, PAYMENT AND HEALTHCARE OPERATIONS**

I consent the use or disclosure of my protected health information by Cape Fear Eye Associates, P.A, for the purpose of diagnosing or providing treatment to me, obtaining payment for my health care bills or to conduct health care operations of Cape Fear Eye Associates, P.A. I understand that the diagnosis or treatment of me by the health care providers of Cape Fear Eye Associates, P.A. may be conditioned upon my consent as evidenced by my signature of this document.

I understand that I have the right to request a restriction as to how my protected health information is used or disclosed to carry out treatment, payment or healthcare operations of the practice. Cape Fear Eye Associates, P.A. is not required to agree to the restriction(s) that I may request. However, if Cape Fear Eye Associates, P.A. agrees to a restriction that I requested, the restriction is binding on Cape Fear Eye Associates, P.A. and its physicians and staff.

I have the right to revoke this consent, in writing, at any time, except to the extent Cape Fear Eye Associates, P.A. has taken action in reliance in this consent.

My “protected health information” means health information, including my demographic information, collected from me and created or received by my physician, another health care provider, a health plan, my employer or a health care clearinghouse. This “protected health information” relates to my past, present or future physical or mental health or condition and identifies me, or there is a reasonable basis to believe that the information may identify me.

I understand I have the right to review Cape Fear Eye Associates, P.A. Notice of Privacy Practices prior to signing this document. The Notice of Privacy Practices describes the types and uses and disclosures of my protected health information that may occur in my treatment, payment of my bills or in the performance of health care operations of Cape Fear Eye Associates, P.A.

The Notice of Privacy Practices for Cape Fear Eye Associates, P.A is located at the reception desk. This Notice of Privacy also describes my rights and Cape Fear Eye Associates, P.A. duties with respect to my protected health information.

Cape Fear Eye Associates, P.A. reserves the right to change the privacy practices that are described in the Notice of Privacy Practices. I may obtain a revised Notice of Privacy Practices by calling 910-484-2284 and requesting that a revised copy be mailed to me or by obtaining a copy at the time of my appointment.

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Signature of Patient or Personal Representative

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Name of Patient or Personal Representative

Date

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Description of Personal Representative’s Authority

Revised 3/2011

