

Consent for Purpose of Treatment, Payment or Health Care Operations

I consent to the use or disclosure of my protected health information by Malkani Retina Center for the purpose of diagnosing or providing treatment to me, obtaining payment for my health care bills or to conduct health care operations of Malkani Retina Center.

I understand that diagnosis or treatment of me by Malkani Retina Center may be conditioned upon my consent evidenced by my signature on this document.

I understand 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 health care operations. Malkani Retina Center is not required to agree to the restrictions that I may request. However, if Malkani Retina Center agrees to a restriction that I request, the restriction is binding on the practice.

I have the right to revoke this Consent, in writing, at any time, except to the extent that Malkani Retina Center has taken action in reliance on this consent.

My “protected health information” means health information, including my demographic information collected from me and collected 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 the information may identify me.

The Notice of Privacy Practices for Malkani Retina Center describes the types of uses and disclosures of my protected health information that will occur in my treatment, payment of my bills, or the performance of Malkani Retina Center health care operations.

A summary of the Notice of Privacy Practices for Malkani Retina Center is also posted in the waiting room.

This Notice of Privacy Practices also describes my rights and the duties of Malkani Retina Center with respect to my protected health information.

Malkani Retina Center 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 contacting the Privacy Officer at Malkani Retina Center at 9201 Cypress Lake Drive, Fort Myers, FL 33919.

Name of Patient or Representative (Please Print)

Date

Signature of Patient or Representative

Witness

9201 Cypress Lake Drive
Fort Myers, FL 33919

21275 Olean Blvd.
Port Charlotte, FL 33952

1855 Veterans Park Drive # 302
Naples, FL 34109

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