



**ZEITER EYE MEDICAL GROUP, INC.  
(209) 466-5566**

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

I consent to the use or disclosure of my protected health information by Zeiter Eye Medical Group, Inc. (ZEMG), for the purpose of diagnosing or providing treatment to me, obtaining payment for my healthcare bills, or conducting healthcare operations of ZEMG. I understand that diagnosis or treatment by the physicians of ZEMG may be conditioned upon my consent as 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 carryout treatment, payment, and/or healthcare operations of the practice. ZEMG is not required to agree to the restrictions that I may request. However, if ZEMG agrees to a restriction that I request, the restriction is binding on ZEMG, and the physicians of ZEMG.

I have the right to revoke this consent, in writing, at any time, except to the extent that ZEMG or the physicians of ZEMG have taken action in reliance on this consent.

My "protected health information" is defined as: health information, including my demographic information, collected from me and created or received by my physician, another healthcare provider, a health plan, my employer or a healthcare clearinghouse. This protected health information relates to my past, present, or future physical or mental health or condition and either identifies me, or points to a reason to believe that the information may identify me.

I understand I have a right to review ZEMG's Notice of Privacy Practices prior to signing this document. The ZEMG's Notice of Privacy Practices has been provided to me. The Notice of Privacy Practices describes the types of uses and disclosures of my protected health information that will occur in my treatment, payment of my bills, or in conducting healthcare operations of ZEMG. The Notice of Privacy Practices for ZEMG is also available at ZEMG's registration desk. This Notice of Privacy Practices also describes my rights and ZEMG's duties with respect to my protected health information.

Zeiter Eye Medical Group, Inc. 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 the office and requesting a revised copy be sent in the mail or by asking for one at the time of my next appointment.

*I acknowledge that I was provided a copy of Zeiter Eye Medical Group, Inc.'s Privacy Practice Policy and understand it.*

\_\_\_\_\_  
Patient Name Relationship to Patient

\_\_\_\_\_  
Signature Date

I attempted to obtain the patient's signature in acknowledgment of this Notice of Privacy Practices, but was unable to do so, as documented below:

\_\_\_\_\_  
Date Initials Reason