



5900 W. Slaughter Lane, #450  
Austin, Texas 78749  
(512) 288-0090

**Name:**

**DOB:**

**Address:**

**City:**

**Zip Code:**

**Phone:**

**Home**

**Work**

**Cell**

**Email:**

**Referred by:** (insurance, friend, Yelp...)

**Signature:**

## **Privacy Notice (HIPAA) of EyeTech, PA**

**Right to Notice:** as a patient, you have the right to adequate notice of the uses and disclosures of your protected health information. Under the Health Insurance Portability and Accessibility Act (HIPAA), EyeTech, PA, may use or disclose your health information for treatment, payment and healthcare operations.

- a) *Treatment* – we may use and disclose your health information to a physician or other healthcare provider providing treatment to you.
- b) *Payment* – we may use and disclose your health information to obtain payment for services we provide you.
- c) *Healthcare operations* – we may use and disclose your health information in connection with our health care operations.

The Health Insurance Portability and Accessibility Act (HIPAA) has been made accessible to me.