Acknowledgment of Receipt
Notice of Privacy Practices

Tony Valentino O.D., P.C.
A. Phil Hutchins O.D.

5624 Whitesville Road, Suite C
Columbus, GA 31904

Patient Name:____

Patient Address:____

City_______________________ State__________ Zip______________

Date of Birth__________________ SSN or Ins. ID #_______________

Employer____

Patient Phone Number, Res.___________________________________

Patient Phone Number, Work or Alternate:_______________________

Vision Insurance, Name of Company:____________________________

In providing services to you, we create, receive and store your health care information. It is often necessary to use and disclose your health information to treat you, obtain payment for services and conduct healthcare operations concerning our office. Our notice of privacy practices has been given to you which describes these uses and discloses in detail.

I authorize Tony Valentino O.D. and A. Phil Hutchins O.D. to perform any necessary optical services, with my informed consent, that I may need during diagnosis and treatment.

I authorize the release of information to healthcare professionals and to any insurance company or third party payor concerning treatment provided for the purpose of evaluating and administering claims for insurance benefits.

I authorize payment directly to Tony Valention, O.D., P.C. of the insurance benefits otherwise payable to me. I understand that benefits paid may be less than the actual bill for services.

I assume financial responibility for payment in full of all charges incurred for professional services rendered by Tony Valentino O.D or A. Phil Hutchins O.D.

The information I have given is correct to the best of my knowledge and will be held in the strictest confidence. It is my responsibility to inform Tony Valentino O.D., P.C. and A. Phil Hutchins O.D. and staff of any changes. This authorization and understanding remains valid until revoked in writing.

I acknowledge that I have received a copy of the Notice of Privacy Practices from the offices of A. Phil Hutchins O.D., P.C. Tony Valentino O.D., P.C.

_______________________________ _______________________

Signature Date