

BUGLISI EYE CARE

1021 Hargett Street
Jacksonville, NC 28540
910-378-8131 (office)
910-238-2495 (fax)

Disclosure of Health Information

Patient Name: _____ DOB: _____

Your health information is protected and confidential. If you would like anyone to have access to your health information you will need to fill out and sign this document. If you do not indicate anyone, we cannot give out test and/or lab results on the phone to anyone. You will be the only person allowed to pick up any health documents or medicines for yourself.

Please check this box if you do not wish anyone to have access to your health info. _____

Please list below those you authorize to receive and use your protected health information:

1. Name _____ Phone: _____
2. Name _____ Phone: _____
3. Name _____ Phone: _____
4. Name _____ Phone: _____

I authorize this practice to leave messages regarding my medical appointments, test results, referrals, etc. on:

Home answering machine: Yes ___ No ___ Cell phone: Yes ___ No ___

Patients Signature: _____

Legal Guardian, if applicable: _____

Date: _____

This form will not expire or change unless you notify us in writing.