



**Referral Information:**

How did you learn of Triangle Ophthalmology, PA or Rachel Tesser, MD?

Insurance listing    internet    telephone listing    Advertisement    other

Friend /Relative

Name: \_\_\_\_\_

Referred by Doctor

Name: \_\_\_\_\_

**Authorization /Consent for Triangle Ophthalmology, PA to Provide Health Care for a Minor**

It is a legal necessity to provide informed consent for health care for their minor child. A minor child is a child under the age of 18 years old. By completing this form you authorize the physicians and staff of Triangle Ophthalmology, PA to provide necessary healthcare in your absence (*without the presence of a parent or guardian*). This care typically includes but may not be limited to: using anesthetic and dilating drops (which may blur vision for a period of time after examination), examination of the eye, and prescribing corrective lenses or medication for ocular disease as medically necessary.

I affirm that I am the legal custodial parent/ guardian of \_\_\_\_\_

Minor

This authorization shall become effective on \_\_\_\_\_ and shall remain in effect until \_\_\_\_\_ or  until further notice.

\_\_\_\_\_  
(Signature of parent or guardian)

\_\_\_\_\_  
(Print full name of parent or guardian)

**Restriction on Disclosure of Protected Health Information**

You have the right to restrict disclosure of your Protected Health Information. Triangle Ophthalmology, PA is not required to agree to restrictions beyond what the Privacy Rules permit.

I request Triangle Ophthalmology, PA to restrict the use or disclosure to:

\_\_\_\_\_  
Specific restriction requested

\_\_\_\_\_  
With whom would like the restriction to apply

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

**Log of Disclosures of Protected Health Information**

The Privacy Act (HIPPA) requires a log to be maintained for six years of disclosed Protected Health Information, except if the information was released directly to the patient, was related to treatment, payment, was released pursuant to a proper authorization, was released to a Official government agency, or was released pursuant to the privacy rules. The following is a log of the disclosures which are not accounted for by the above exclusions:

Nature of Disclosure: \_\_\_\_\_

Purpose of Disclosure: \_\_\_\_\_

Date: \_\_\_\_\_

