



DEER PARK VISION CENTER
26 WEST H STREET, DEER PARK, WA 99006
Phone (509) 276-6932, Fax (509) 276-1608

Individual Privacy Information and Authorization

I give my consent to the following: (please initial)

_____ *I give my permission to have appointment reminders or the arrival of contact lenses or glasses left on my answering machine or left with the person answering my home telephone.*

_____ *I give my permission for Deer Park Vision Center to discuss my medical records/test results with the following people:*

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

As stated in our privacy policy, information will be shared with other health care providers and your insurance carrier on an as needed basis.

You may revoke the above authorizations in writing at any time.

Printed Name

Signature

Date