



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

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*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*