



Janigian Retina Associates

Diseases and Surgery of the Retina and Vitreous
Ocular Inflammatory Diseases

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Privacy Policy Consent

Janigian Retina Associates' *Notice of Privacy Practices* provides information about how we may use and disclose protected health information about you. The Notice contains a Patient Rights section describing your rights under the law. You have the right to review our Notice before signing this consent. The terms of our Notice may change. If we do change our Notice, you may obtain a revised copy by contacting our office.

By signing this form, you consent to Janigian Retina Associates use and disclosure of protected health information about you for treatment, payment, and health care operations. This includes any photographs taken for diagnostic purposes. You have the right to revoke this consent, in writing, signed by you. However, such a revocation shall not affect any disclosures we have already made in reliance on your prior consent. Janigian Retina Associates provides this form to comply with the Health Insurance Portability and Accountability Act of 1996(HIPAA).

The patient understands that:

- Protected health information may be disclosed or used for treatment, payment, and health care operations.
- Janigian Retina Associates has a *Notice of Privacy Practices* and that the patient has had the opportunity to review this notice.
- Janigian Retina Associates reserves the right to change the *Notice of Privacy Practices*.
- The patient may revoke this consent in writing at any time and all future disclosures will then cease.
- Janigian Retina Associates may condition treatment upon the execution of this consent.

Patient Name – Please Print

Signature of Patient or Representative

Date

Relationship to the patient (if other than the patient)

Signature of Practice Representative

Date