

Acknowledgement Form

Notice of privacy practices: I hereby acknowledge that I have been provided the "Notice of Privacy Practices", and I have been provided with an opportunity to review it. **Initials** _____

Financial Policy: I hereby acknowledge that I have read and understand Long Beach Retina financial policy and I agree to be bound by its terms. I also understand and agree that such terms may be amended by the practice from time to time. **Initials** _____

Consent for treatment: I hereby authorize Long Beach Retina to through physician and/or his assistants, to obtain historical and eligibility data from public and private sources including but not limited to insurance claims data, pharmacy data and prior treating physicians; the information may be necessary to properly diagnose my condition and determine my eligibility for treatment. I authorize Long Beach Retina to obtain medical history, perform appropriate assessment and treatment procedures that may need a specific consent. **Initials** _____

Dilation Eye Drops: Dilating eye drops are used to dilate or enlarge pupils of the eye to allow the ophthalmologist a better view of the internal eye structures. Dilating drops frequently blur vision for a length of time which varies from person to person and may make bright lights bothersome. It is not possible for your ophthalmologist to predict how much of your vision will be affected. Because driving may be difficult immediately after an examination, it is best to make arrangements not to drive yourself, nor operate machinery. Adverse reaction, such as acute angle-closure glaucoma may be triggered from the dilating drops. This is extremely rare and treatable with immediate medical attention. I hereby authorize Roberto Roizenblatt MD and/or his designated assistants to administer dilating eye drops. The eye drops are necessary to diagnose my condition. **Initials** _____

Consent for photographs: I hereby consent for eye diagnostic photographs to be taken for medical treatment purposes. **Initials** _____

Open payments database: The Open Payments database is a federal tool used to search payments made by drug and device companies to physicians and teaching hospitals. It can be found at <https://openpaymentsdata.cms.gov> **Initials** _____

Confidential Communications Request: I understand that HIPAA has implemented procedures that require specific authorization for release of my information. I agree to the following statements and understand I can revoke these at any time by informing the privacy officer of the practice in writing to the mail address below.

Telephone: we may leave a message with a callback number or appointment reminder on voicemail. Cell phone texting: we may leave a message, a callback number, appointment reminder. Written communication: we may mail postcards or letters to your home address or e-mail. **Initials** _____

I further permit copies of this authorization to be used in place of the original.

By listing the names and signing below, I give permission to Long Beach Retina, physician and designated assistants, to speak with the following family members/friends regarding my healthcare.

Name _____ Relationship _____

Covid policy: per current county mandate.

Patient/guarantor/representative signature _____ **Date** _____

Printed name of patient _____