EYECARE *of* VERMONT

# Authorization to Disclose Health Information

The Health Insurance Portability and Accountability Act of 1996 (HIPAA), along with Vermont state law, requires health care providers to maintain strict confidentiality of patient information. EyeCare of Vermont will not share your Protected Health Information (see below for definition) without your written consent.

*The HIPAA Privacy Rule protects most "individually identifiable health information" held or transmitted by a covered entity or its business associate, in any form or medium, whether electronic, on paper, or oral. The Privacy Rule calls this information protected health information (PHI). Protected health information is information, including demographic information, which relates to:*

- *The individual's past, present, or future physical or mental health or condition,*
- *The provision of health care to the individual, or*
- *The past, present, or future payment for the provision of health care to the individual, and that identifies the individual or for which there is a reasonable basis to believe can be used to identify the individual. Protected health information includes many common identifiers (e.g., name, address, birth date, Social Security Number) when they can be associated with the health information listed above.*

This form authorizes EyeCare of Vermont to share your PHI with a specific person or persons to be specified below. You have the right to set conditions and restrictions on the type of information that will be disclosed as well as the method of disclosure.

Person(s) Authorized to Receive PHI: _____

Relationship to Patient: _____

Conditions of Disclosure (if any): _____

Patient Name: _____ DOB: _____

Signature: _____ Date: _____