

## PATIENT PRIVACY CONSENT FORM

PATIENT NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

**The Practice provides the top portion of this form to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).**

Our 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 change our Notice, you may obtain a revised copy by contacting our office. You have the right to request that we restrict how protected health information about you is used or disclosed for treatment, payment of health care operations. We are not required to agree to this restriction, but if we do, we shall honor this agreement. By signing this form, you consent to our use and disclosure of protected health information about you for treatment, payment, or health care operations. 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.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Patient Representative

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## REPRODUCTION RIGHTS

**I HEREBY GRANT ALOHA LASER VISION**, including its employees, agents, assigns, or other third party as the aforementioned business may authorize on its behalf, the nonexclusive rights to **photograph me, make recordings of my voice and make combined audio visual recording of me and my voice.**

**I CONSENT TO THE USE OF THESE RECORDINGS BY ALOHA LASER VISION** for educational materials, publications, websites, social media, and other consistent purposes. I hereby assign the transfer to Aloha Laser Vision all rights to these audio and visual recordings and all benefits and advantages to be derived from these. Editing, publication, distribution, broadcast and use of this material shall be at the sole discretion of Aloha Laser Vision. It is possible that individuals may find your image/video/story helpful and wish to link to it from their own personal websites. Owners of other personal and corporate websites do not need to ask our permission to link our website or Facebook page. As a result, you may find your story linked from other sites on the web. In addition, as our site is crawled regularly by internet search engines, your information may be found when searching the web via Google or other reputable search engines.

**Patients' identity, as indicated below MAY be included in the resources as developed and published in print, electronic, or digital format including any authorized website. Consent takes effect when this agreement is signed.**

First & Last Name     First Name Only     Neither First or Last Name

I DO NOT CONSENT TO THESE RIGHTS

Signature: \_\_\_\_\_ Date: \_\_\_\_\_