Patient Contact & PHI Restriction Form

Patient's Name:______________________________ **Date of Birth:**______________________

Please list the two best ways to contact you (list numbers in order of preference).

1. ___________________________________ ☐ Home ☐ Cell ☐ Work
2. ___________________________________ ☐ Home ☐ Cell ☐ Work

I authorize the following person(s) to receive Private Health Information (PHI) pertaining to my treat of care other than myself or any Physician involved in my care:

Name:___________________________________ Relationship:_________________________

Name:___________________________________ Relationship:_________________________

Name:___________________________________ Relationship:_________________________

Restriction of Private Health Information – Extremely Important Information

Please *INITIAL* the one that applies:

Initial:________ **NO** restriction to access

Initial:________ **Restricted Access**

If there is someone, such as a parent, that is restricted from receiving PHI information pertaining to a patient that is a minor, a **Nationwide Optometry P.C. and Nationwide Vision HIPAA Form F** must be filled out along with **a copy of the legal documentation to support the restriction** to the records. Nationwide Optometry P.C. and Nationwide Vision HIPAA Form F and the legal documentation must be sent to:

Nationwide Optometry P.C.
Attn: HIPAA Compliance Officer
220 N. McKemy Ave
Chandler, AZ 85226

Nationwide Vision
Attn: HIPAA Compliance Officer
220 N. McKemy Ave
Chandler, AZ 85226

If you need to complete **FORM F**, please have the manager assist you with this request.

By signing below, I acknowledge that I have read and/or received a copy of the Nationwide Optometry P.C. and Nationwide Vision Notice of Privacy Practices and Conditions of Service.

____ _______________________
Signature of Patient/Parent or Personal Representative Date Signed

____ _______________________
Print Name of Patient/Parent or Personal Representative Relationship to Patient

NATIONWIDE OPTOMETRY

NATIONWIDE™ VISION