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Norfolk	Virginia Beach
220 W. Brambleton Ave., Ste. 111	1547 Laskin Road
Norfolk, VA 23510	Virginia Beach, VA 23451
(757) 622-0200	(757) 425-0200

CONSENT TO USE AND DISCLOSE HEALTH INFORMATION

Permission to Use and Disclose My Health Information: By signing this form, I give Dr. David Gilbert and Associates Optometrist, P.C. permission to use and/or disclose my health information to provide treatment, obtain payment, and/or conduct health care operations.

Right to Refuse: I have the right not to sign this consent. If I refuse to sign this consent, Dr. David Gilbert and Associates Optometrist, P.C. has the right to refuse to treat me. However, treatment required by law, such as emergency care, can be provided to me whether or not I sign this Consent.

Changes to the Notice of Privacy Practices: Dr. David Gilbert and Associates Optometrist, P.C. may change the Notice of Privacy Practices as needed. I may obtain a current copy of the Notice of Privacy Practices for Dr. David Gilbert and Associates Optometrist, P.C. by contacting Dr. David Gilbert and Associates Optometrist, P.C.

Right to Request Restrictions on Use/Disclosure: I have the right to request that the usage of my protected health information by Dr. David Gilbert and Associates Optometrists, P.C. be restricted in how it is used and/or disclosed for the purpose of providing treatment, obtaining payment, and/or conducting health care operations. However, Dr. David Gilbert and Associates Optometrist, P.C. is not required to agree to any restriction that I request. If Dr. David Gilbert and Associates Optometrist, P.C. does decide to agree to my request, the use and/or disclosure of my health information by Dr. David Gilbert and Associates Optometrist, P.C. must be restricted as I requested. If I wish to request restrictions, I can contact Dr. David Gilbert and Associates Optometrist, P.C. Dr. David Gilbert and Associates Optometrist, P.C. will notify me on whether my restrictions have been accepted or declined.

Right to Withdraw Consent: I have the right to withdraw this consent at any time. I must do so in writing by contact Dr. David Gilbert and Associates Optometrist, P.C. at 1547 Laskin Road, Virginia Beach, VA 23451-6111. My withdrawal of this consent will not be effective for uses and/or disclosures that have already been made based on my prior consent. If I withdraw this Consent, then Dr. David Gilbert and Associates Optometrist, P.C. may refuse to provide to me further treatment or follow-up, other than required emergency services.

Effective Period: This Consent is good unless and until I withdraw it in writing.

References to "I" or "me": References to "I" or "me" in this Consent include the individual for whom the signing party is authorized to sign. If I am signing this Consent on behalf of another person, it is because I am that person's parent, legal guardian, or agent under an active Power of Attorney for Health Care and I am legally authorized to sign this Consent on behalf of that person.

My health information may be disclosed to:

Name of Individual _____ Relationship to Patient _____

Name of Individual _____ Relationship to Patient _____

_____ _____

Signature of Patient or Authorized Representative Date

_____

Authorized Representative's Name