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Consent to Use or Disclose Protected Health Information for Treatment, Payment and Health Care Operations

***I consent to allow Oliver Opticians to use or disclose my protected health information for treatment, payment and health care operations.***

- Treatment means the provision, coordination, or management of health care and related services by one or more health care provider.
- Payment means the activities undertaken by a health care provider or health plan to obtain or provide reimbursement for the provision of health care.
- Health care operations means conducting quality assessment and improvement activities, reviewing the competence or qualifications of health care professionals, underwriting, premium rating, and other activities related to health insurance contracts, medical reviews, legal services; auditing functions; and business management and general administrative activities of **Oliver Opticians**.

I consent to allow **Oliver Opticians** to disclose my protected health information for treatment activities of another health provider.

I consent to allow **Oliver Opticians** to disclose my protected health information to another health care provider for the payment activities of the entity that receives the information.

I consent to allow **Oliver Opticians** to disclose protected health information to another health care for operations activities, provided that **Oliver Opticians** has or had a relationship with the below named patient. The disclosure must be for treatment, payment, or health care operations for the purpose of health care fraud and abuse detection or compliance.

I acknowledge that I have read **Oliver Opticians'** Notice of Privacy.

Name of Patient \_\_\_\_\_  
Please print

\_\_\_\_\_  
Signature of Person Authorizing Consent

\_\_\_\_\_  
Relationship with Patient