



**Please provide an email address for promotions, newsletters, updates, and contact information.**

**EMAIL:** \_\_\_\_\_

**Please circle your preferred type of communication:**

Home Phone

Cell Phone

Text Message

Email

**HIPAA (Privacy Policy) Acknowledgment**

I have received a copy of the HIPAA Privacy Policy of this office and have read, understood, and agreed to all the information.

Print: \_\_\_\_\_

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

**Electronic Health Records**

**The government now requires every medical office to ask the following questions, it is optional to answer.**

**RACE:**

American Indian

Black

Native Hawaiian

Asian

Caucasian

Other

**ETHNICITY:**

Hispanic or Latino

Not Hispanic or Latino

No Answer

**PREFERRED LANGUAGE:**

American Sign Language

Arabic

English

French

German

Italian

Korean

Polish

Spanish

**HEIGHT:** \_\_\_\_ft\_\_\_\_in

**WEIGHT:** \_\_\_\_\_lbs



Holt Eye Care

2040 North Aurelius Suite 20

Holt, Michigan 48842

**Confidential Communications**

I authorize the practice of leaving a message on my answering machine/voicemail: ☐ YES ☐ NO

**FOR APPOINTMENT REMINDERS ONLY:**

1) Use Cell Phone: ☐ YES \_\_\_\_\_ ☐ NO

2) Use Email: ☐ YES \_\_\_\_\_ ☐ NO

I authorize the release of my protected health information over the telephone or in person to the following individuals (Please put N/A over this section if not applicable):

1. Name of person: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Primary contact number: \_\_\_\_\_

2. Name of person: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Primary contact number: \_\_\_\_\_

3. Name of person: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Primary contact number: \_\_\_\_\_

*(If communication with primary doctor or referring doctor is needed, no additional authorization is required)*

I request that all communications to me, regarding my protected health information, be addressed to me at the alternative location, as follows:

**\*Please note you are responsible for any charges your insurance does not cover.**

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