Rebecca L. Cabatbat, OD, INC.
Central Oahu Eye Care
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Email: info@cabatbatod.com

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY POLICIES

The Notice of Privacy Practice you have been given describes these uses and disclosures in detail. The use and disclosure of your health information for treatment purposes not only includes care and services provided here, but also disclosure of your health information as may be necessary or appropriate for you to receive follow-up care from another health professional. Similarly, the use and disclosure of your health information for purposes of payment includes (1) our submission of your health information to billing agent or vendor for processing claims or obtaining payment; (2) our submission of claims to third-party billing agent or vendor for processing claims or obtaining payment; (3) our submission of your health information to auditors hired by third-party payers and insurers; and (4) other aspects of payment described in our Notice of Privacy Practices. This Notice will be updated whenever our policy practices change. You can get an updated copy here at the office or from our website.

When you sign this consent document, you signify that you agree that we can and will use and disclose your health information to treat you, to obtain payment for our services and to perform healthcare operations. You also signify that you have received a copy of our Notice of Privacy Practices.

I have read this document and understand it. I consent to the use and disclosure of my health information for the purpose of treatment, payment, and healthcare operations. I acknowledge that I have received the Notice of Privacy Practices from Rebecca L. Cabatbat, OD, Inc.

_____ _____

Signature Date

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Relationship to Patient

We provide our patients the option to participate in our online patient communication system. Some features include: appointment reminders, appointment confirmations, two-way text messaging, re-care and follow up reminders.

You may opt-out of communications at any time by clicking the unsubscribe link in the footer of each email or by replying to a text message with ‘STOP’. Standard Text Messaging rates apply.

I consent to receive automated and manual communications from Central Oahu Eye Care via text message, email, and/or phone through Demandforce. These may include appointment reminders, health updates, surveys, and special offers. I understand I can opt out at any time.

_____ _____

Signature Date