



Sugarbush Eye and Laser Centre
Agreement to Disclose Protected Health Information

I, \_\_\_\_\_, hereby agree to allow Sugarbush Eye and Laser Centre and it's doctors to disclose the minimum necessary amount of health information of (name) \_\_\_\_\_ to the following, only to the extent necessary to help with his/her healthcare or with payment for his/her healthcare.

Check all that apply:

[ ] All family members

[ ] Only the following family members:

Four horizontal lines for listing family members.

[ ] Friends or others:

Three horizontal lines for listing friends or others.

Signature \_\_\_\_\_

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

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

[ ] Individual refused to sign

[ ] Other \_\_\_\_\_