Bossier Family Eye Care
Christine K. Pastilong, O.D.
1519-1 Doctors Drive
Bossier City, LA 71111
Office #: 318-747-0302
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Bossier Family eye care

HIPAA

ALTERNATE CONTACTS AND TREATMENT FORM

Bossier Family Eye Care takes your confidentiality very seriously. We will not and cannot release information without your written authorization.

This authorization allows our staff members to speak only with individual(s) you designate in the event you are not available to receive phone calls or you have an adult member that helps coordinate your medical care. You should not designate your doctor.

As part of our Patient Privacy Policy, we will not leave any health information with any other person unless you specifically authorize below:

____ I do **not** authorize anyone to receive information regarding my medical care, appointments, account/bill, visit notes, prescription.

____ I authorize my physician and the employees of this clinic to speak with:

1. Person: _____ Relationship: _____

   Phone number(s): _____

   ☐ Appointments ☐ Account/bill ☐ Visit notes ☐ Prescription

2. Person: _____ Relationship: _____

   Phone number(s): _____

   ☐ Appointments ☐ Account/bill ☐ Visit notes ☐ Prescription

3. Person: _____ Relationship: _____

   Phone number(s): _____

   ☐ Appointments ☐ Account/bill ☐ Visit notes ☐ Prescription

This authorization will remain in effect unless changed by me while I am a patient at this office. It is my responsibility to notify this office of changes and to complete a new form. Any problems and/or questions concerning this form are to be referred to the Bossier Family Eye Care Manager.

I agree that should I desire to revoke this authorization, I will give written notice.

_____
Patient Name

_____ _____
Signature Date

11/18/2019