

Peninsula Eye Care, LLC

David M. Buck, OD & William R. Waldron, OD

1215V George Washington Memorial Hwy, Yorktown 23693

In order to protect your privacy, our office will not discuss information related to the care of any individual without the signed consent of that individual. In the case of persons under the age of 18, we ask that this information be provided by the parent or legal guardian.

Please list any person with whom our office may discuss your personal health information. This includes account information for billing purposes as well as dispensing any prescriptions and/or materials such as contact lenses or eyeglasses. We request written notification of any changes you wish to make to this list.

When providing information for someone under the age of 18, please be sure to list ALL individuals who may have access to this information – including non-custodial parents, stepparents, grandparents, siblings, etc. If their name is NOT on the list, then information or materials will NOT be provided to them on the patient's behalf.

Patient Name: _____

DOB: _____

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|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

RECORDS MAINTENANCE

This practice cares about patient history and continuity of care. All patient records are to be kept for at least 5 years following patient's last date of service. If legally required, records may be kept longer. This practice cares about patient confidentiality. Records are to be destroyed in a manner that protects patient confidentiality. Records may be shredded or disposed in another recognized manner which protects confidentiality.

Name _____ Signature _____

(PLEASE PRINT)

Date: _____