

Ventura Ophthalmology
3114 Telegraph Rd #A
Ventura, CA 93003

Dear Patient,

In order for us to stay within the HIPAA guidelines, please list below anyone that you authorize us to disclose information to regarding your Protected Health Information. It is not mandatory that you list anyone. **(You do not need to list any of your doctors).**

Name	Relationship
1. _____	
2. _____	
3. _____	

Do we have your permission to leave information on your answering machine or voicemail if we are unable to reach you? ____ Yes ____ No

What is the best number to contact you at: _____

Patients Name: _____

Patients Signature: _____

Date of Birth: _____