

LASIK

PATIENT INFO PACKET

Welcome 

Patient Info 

What to Expect 

Informed Consent 

HIPPA Compliance 

Our Location 



middle tn eye

Alissa Hudson, MD

Dr. Alissa Craft Hudson and staff welcome you to Middle TN Eye. This letter will introduce you to our practice and allow you to submit your paperwork prior to your appointment.

Before your appointment

1. Please complete the patient registration and medical history form prior to your appointment. **YOU WILL BE RESCHEDULED IF YOU ARRIVE WITHOUT THIS PAPERWORK.**
2. Bring your insurance cards.
3. Bring current and/or preferred glasses.
4. Bring or wear contact lenses along with most recent prescription or an empty contact lens box.
5. Bring along any records from previous doctors that may be helpful.

Your appointment

1. Please arrive 15 minutes in advance for your new patient appointment.
2. A complete eye examination includes preliminary testing performed by certified ophthalmic technicians followed by a complete ophthalmic examination. A slit lamp is used to examine the eyes for conditions including glaucoma, cataracts, and retinal abnormalities. Eye drops are used to dilate the pupils, allowing the doctor to more thoroughly examine the lens, optic nerve, and retina. The doctor will discuss relevant findings and appropriate treatment as indicated.
3. We require 24 hours' notice if you are unable to make your scheduled appointment.
4. Directions to our office are enclosed with this letter and may also be found on www.middletneye.com.

Insurance Policy

1. Our doctor accepts Medicare assignment and much commercial insurance, PPO's and some HMO's. We also accept VSP and some other routine vision insurance.

If you intend to use your insurance, please provide our staff with your current insurance information and card at the time of your visit. We will bill your insurance once. If you have provided incorrect information, you will be responsible for payment.

2. If your insurance requires a referral please secure this referral from your primary care doctor prior to your scheduled appointment.
3. Co-payment, deductibles, and self-pay payments are due at time of service. You will not be seen without making your co-payment. Payments may be made by cash or check. Visa, MasterCard, and Discover are accepted.

*If you have any questions in regard to your upcoming appointment please contact our office.

Patient Info



Patient Info:

Last Name: _____ First Name: _____ MI: ____ Date: _____

Address: _____ City: _____ State: ____ Zip: _____

Mailing Address: if same as above

Address: _____ City: _____ State: ____ Zip: _____

Phone #: (____) ____ - _____ Cell #: (____) ____ - _____ Allow text appointment reminders

Email Address: _____ Allow email appointment reminders

SSN: _____ DOB: ____/____/____ Age: _____ Sex: Female Male

Employer/School: _____ Occupation: _____

Marital Status: Single Married Divorced Widowed

Spouse Name: _____ Emergency Contact: _____

Relationship: _____ Phone #: (____) ____ - _____

Insurance Information:

Primary Insurance: _____ if patient is not primary card holder the following is needed

Policy Holder's Name: _____ SSN: _____ DOB: ____/____/____

Secondary Insurance: _____ if patient is not primary card holder the following is needed

Policy Holder's Name: _____ SSN: _____ DOB: ____/____/____

Do you have a Living Will?: Yes No

Insurance: (Please see back of Registration form for more details) You agree to pay any portion of the charges not covered by insurance. **If your insurance company requires a referral and/or preauthorization, you are responsible for obtaining it.** Failure to obtain the referral and/or preauthorization may result in a lower or no payment from the insurance company. A copy of any new insurance cards must be given at the beginning of that visit.

Required Payments at Time of Service: Any co-payments, co-insurance, deductibles and other services that are not covered by insurance. **Checks written will be deposited promptly.**

Patient Signature: _____

Date: _____

Patient Info



I _____ **(print name)** have fully read and understand the HIPAA Compliance and the Financial Policy of Middle Tennessee Eye Associates of Cookeville. I hereby request any benefits on my behalf be paid to the physician(s). I also authorize the release of any information acquired in the course of my treatment to my insurance company as needed to issue benefits. I authorize the physician(s) to administer such treatment as they may deem advisable for my diagnosis and treatment. I certify that I have been made aware of the role and services offered by the physician and physician's associates and I consent to receive such care by these providers. I understand that these services are voluntary and I have the right to refuse these services.

I also request that payment of authorized Primary, Secondary, Tertiary, or Medigap (Medicare supplement) insurance benefits be made on my behalf to the provider(s) for any services furnished to me by that provider(s). I authorize any holder of medical information about me to release pertinent information to Primary, Secondary, Tertiary, or Medigap insurances to determine these benefits payable for related services.

Patient Signature: _____

Date: _____

MTEA Associate: _____

Date: _____

What to Expect



Laser refractive surgery is an exciting option for those who wish to decrease dependence on glasses and contacts lenses. Every patient makes an informed decision regarding the benefit and risk of surgery; however the prospect of having surgery can cause anxiety. We hope the following information will help explain what to expect when having surgery at Middle Tennessee Eye Associates LASIK center.

Upon arrival for your surgery necessary paperwork and consent forms will be finalized.

Once you are prepared to start the surgical process you will be given a dose of anti-anxiety medication. We will place you in the dilation area with other patients to relax and prepare for your LASIK surgery. Once your sedative takes effect, you will be taken to the surgical suite and asked to lie back and relax.

Dr. Hudson will be accompanied by her laser and moira technicians. Dr. Hudson will talk you through your procedure step by step. A mild anesthetic is placed in both eyes and an eye shield will be placed over the right eye as Dr. Hudson begins left eye first. A lid speculum is placed in the eye to help the eye remain open and a suction cup is placed to hold the eye steady. You will be asked to focus on the laser's flashing red light. There may be some pressure as the corneal flap is created, but no pain. You will lose the light for 6-10 seconds once your flap is created. Once the flap is created, the refractive error will be addressed by the laser. This generally takes between 20-120 seconds; procedure time varies by the amount of prescription of the individual. The corneal flap is then gently placed back and allowed to seal for a short amount of time. The speculum is removed and the process is repeated for the right eye. Dr. Hudson will accompany you to the post-operative area where you will be given after-care instructions.

Things to Remember

1. Most patients do not feel pain they feel pressure while the corneal flap is being created.
2. The laser procedure and replacement of the corneal flap is painless.
3. The most important thing for the patient to do is hold the head motionless and focus on the laser light. Remember that the light may change from sharp to blurry and from dim to bright during the procedure.
4. The most common time for discomfort after LASIK is in the first 4 hours. To reduce the risk of discomfort following surgery, keep the eyes closed for 4-6 hours or for as long as possible. Expect the eye to feel scratchy within the first 24 hours after surgery.

Please call with any question or concerns: (931) 372-1994 / (866) 77-LASIK

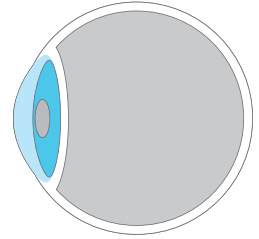
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What to Expect

The LASIK Procedure

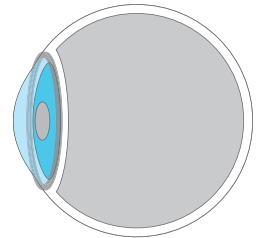
Step 1: Anesthesia

You'll be completely conscious during the entire procedure, but anesthetic eye drops are applied to numb the eye for surgery and reduce movement. Your surgeon will also mark the cornea with water-soluble ink for later guidance during the replacement of the flap.



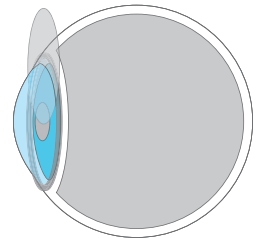
Step 2: Suction Ring

Your surgeon will then make sure your eye is positioned directly under the laser. (One eye is operated on at a time.) A wire lid speculum is placed under your upper and lower lids to keep your eyelids open - normally, this is not uncomfortable. Next, a suction ring is placed on the eye to hold the eye steady and to help create the corneal flap.



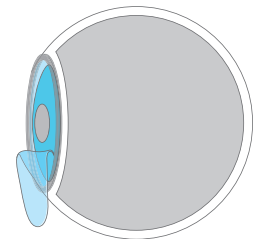
Step 3: Corneal Flap

An instrument called a microkeratome is used to create an extremely thin flap in the cornea. The flap has a hinge at the top of the cornea. During this step in the procedure, you will lose the light for approximately 6 seconds.



Step 4: Flap Lift

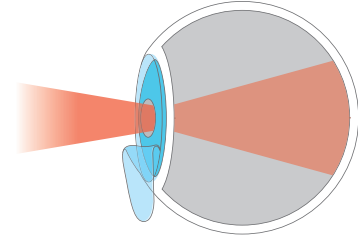
Your surgeon will immediately reflect the flap (the outermost 20 percent of the thickness of the cornea) to the side in preparation for the laser treatment. The top surface of the cornea is then dried with a special sponge.



What to Expect

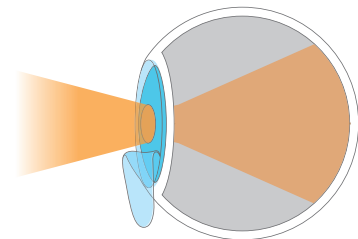
Step 5: Laser Prep

At this point, your surgeon will adjust the laser for your prescription, test for laser alignment and walk you through the fixation process. You will be asked to look at a target light for a short time while he or she watches your eye through a microscope to make sure it remains in the correct position while the laser sends pulses of light to your cornea.



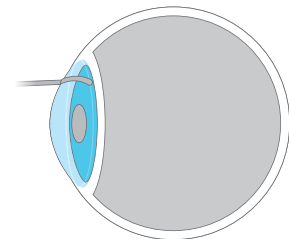
Step 6: Laser Ablation

The computer-controlled excimer laser painlessly removes the tissue under the flap and reshapes the cornea of the affected eye. In less than 60 seconds, ultraviolet light and high-energy pulses from the excimer laser reshape the internal cornea (the stroma) with accuracy up to 0.25 microns, or 1/4000 of a millimeter.



Step 7: Closing Flap

Once the procedure is complete, a special spatula will be used to place your cornea back into its natural position. Surfaces will be smoothed to avoid air pockets, ensure faster healing and better quality of vision.



It's critical that you remain fixated on the target light in order to obtain the best result. The higher the prescription, the longer the procedure will take.

The surgeon has full control of the laser and can turn it off at any time. After the procedure is finished, you will rest for a little while. If you're having both eyes done the same day, the surgeon will probably do the other eye after a short period of time. Many people choose to have both eyes done the same day.

Dr. Hudson may prescribe medication for any postoperative pain, but many people feel no more than mild discomfort after LASIK surgery.

Refractive Eye Conditions

In order to understand what makes LASIK so versatile and effective, we should take a look at a variety of common eye conditions that are correctable with LASIK surgery.

Most visual problems are caused by the way the eye refracts (or bends) light, and then focuses the light rays. When the doctor checks your vision, he or she considers how the parts of your eye impact your vision, including the overall shape of your eyeball, the shape of your cornea, the power of the natural lens, and the actual length of your eye. The most common vision problem experienced in this country is the inability to focus incoming light precisely into the retina. The result is blurred vision.

Our eye is like a camera, using light to form images or “pictures” in the brain. Light enters through the clear tissue of the cornea (the outer layer of the eye), which bends (or refracts) the light rays and is responsible for two-thirds of the focusing power of your eye. Even a slight change in corneal curvature (or shape) has a major effect on how clearly you see.

Your pupil, located at the center of the iris (the colored portion of the eye), acts as a shutter to control the amount of light that enters your eye. The light rays then pass through the lens of the eye, which focuses the light into the back of your retina (at the back of your eye). The retina sends the viewed picture to your brain where the picture is interpreted or “seen.”

Myopia: Near Sight

Myopia is the most common refractive condition and affects one in four people in North America. Myopia is when people see near objects more clearly, but distant objects are blurry. Myopia occurs when light rays entering the eye are focused in front of the retina instead of directly on it.

Hyperopia: Far Sight

Hyperopia, or farsightedness, occurs when people see far away objects more clearly than those that are near. Hyperopia is caused when light rays are not focused by the time they reach the retina. Hyperopia is usually a result of the curvature (power) of the cornea being too weak or the length of the eyeball being too short.

Astigmatism

Astigmatism is the result of having a corneal surface that is not regular in shape. The eye is unable to focus clearly at any distance because of this irregular focusing surface. Persons having no astigmatism have corneas that are shaped like basketballs while individuals with astigmatism have corneas that are shaped more like footballs.

What Happens Immediately After LASIK?

The most dramatic change in vision will occur within the first 12 to 24 hours. You will be blurry after surgery. This will last most of the day; the big difference will come the following morning. Most patients are seeing better than 20/40 the very next day. Patients who are not seeing better than 20/40, or one eye is lagging behind, should not panic, most will continue to improve over the next three days. Each day you will notice the clarity of your vision becoming sharper.

Vision after surgery has been described as wearing a dirty contact lens, or having your eyes open under water. Approximately two to three hours after the surgery, when the numbing medicine wears off, you may have some discomfort. This varies between patients, from no pain to extreme. Most patients have burning, tearing, light sensitivity, trouble keeping their eyes open, and a foreign body sensation - like sand or an eye lash in their eyes. Most of the complaints are directed at both eyes, but sometimes one eye may be more painful than the other. This period of discomfort usually lasts about an hour but can last for two or three hours. We provide you with an extra valium to take when this "rough period" starts. It is OK to take Tylenol or Motrin for pain. Once the burning and irritation settles down, you will be able to open your eyes and should notice your vision beginning to clear up. You may carefully lift your goggles and look around the room or watch TV. Just remember to put the goggles on before going to bed. The post operative drops can be used before bed time, and the artificial tear drops can be used whenever needed.

You will probably notice improved vision right away; some people see their vision gradually improve over the next few days, with fluctuation sometimes happening. On a rare occasion, people will experience improvement, and then notice a gradual worsening of vision (called "regression"). If this happens, discuss it with your surgeon to determine if more surgery (referred to as enhancements or "touch-ups") will be necessary.

To get the best outcome with any surgery, you must follow the doctor's orders. Get proper rest, don't drive if you're not supposed to, fill and use any necessary prescriptions, and call your doctor immediately if you suspect a problem. What happens after the surgery can affect your vision just as much as the surgery itself.

We also recommend no strenuous exercise for up to a week, since this can traumatize the eye and affect healing. The corneal flap should re-adhere to the eye immediately after LASIK. Don't rub your eye, but if you accidentally do, don't worry. The chance of dislodging the flap is low.

What to Expect



Postoperative complications can include infection and/or night glare (starbursts or halos that are most noticeable when you're viewing lights at night). Everyone will have starbursts or halos that are most noticeable when you're viewing lights at night the first week. If you ask 100 patients who has glare the first week, they will all raise their hand. If you ask the same 100 patients who has glare after the first month, 50% will raise their hand. Three months, maybe 10%. The point is, that everyone will have some glare, but this improves with time in the vast majority of cases. Some patients will experience dry eyes. This can occur immediately after surgery, or start a week or two later. Severe dry eyes can cause the vision to blur, and the patient may not feel as though their eyes are dry. This is why we encourage you to use your artificial tear drops as much as possible during the first few weeks. Almost all cases of dry eyes improve with time, however, in rare instances; we may have to put a plug in your tear drainage system temporarily to keep your tears in your eyes longer.

What's the story with enhancements?

The national average for enhancements after surgery is about 8-10%. The need for an enhancement can happen to anyone, but the patient with the higher prescriptions run a higher risk. For example, if you are extremely nearsighted, farsighted, or have extreme astigmatism, your chance for an enhancement is higher than the average patient. Farsighted patients have the tendency to regress more than nearsighted patients. It is for this reason that we intentionally overcorrect farsighted patients during surgery by 20%, planning for that regression. This means that a farsighted patient will initially be nearsighted (be able to see things up close without glasses) right after surgery. These patients's distance vision will continue to improve over a two to three week course.

Are there any real complications with LASIK?

LASIK surgery has been approved by the Food and Drug Association (FDA) as a safe way to surgically correct refractive error. LASIK, like any surgery, has possible risks. Some of the risks can occur before, during and after surgery.

In less than .03% of the cases, a cornea flap complication can occur. This could be a free cap, a torn cap, or a buttonhole in the cornea. These types of intraoperative complications are extremely rare, but on occasion can happen. Usually, the surgery is cancelled, the cornea is allowed to heal for 3 to 6 months, and LASIK can be done at a later date. Postoperative infections are extremely rare (we have never had an infection in over 3500 cases), but could occur. With the use of antibiotic drops after surgery this further decreases the risks of infection.

Informed Consent for Laser In-situ Keratomileusis (LASIK)

Introduction

This information is being provided to you so that you can make an informed decision about the use of a device known as a microkeratome, combined with the use of a device known as an excimer laser, to perform LASIK. LASIK is one of a number of alternatives for correcting nearsightedness, farsightedness and astigmatism. In LASIK, the microkeratome is used to shave the cornea to create a flap. The flap then is opened like the page of a book to expose tissue just below the cornea's surface. Next, the excimer laser is used to remove ultra-thin layers from the cornea to reshape it to reduce nearsightedness. Finally, the flap is returned to its original position, without sutures.

LASIK is an elective procedure: There is no emergency condition or other reason that requires or demands that you have it performed. You could continue wearing contact lenses or glasses and have adequate visual acuity. This procedure, like all surgery, presents some risks, many of which are listed below. You should also understand that there may be other risks not known to your doctor, which may become known later. Despite the best of care, complications and side effects may occur; should this happen in your case, the result might be affected even to the extent of making your vision worse.

Alternatives to Lasik

If you decide not to have LASIK, there are other methods of correcting your nearsightedness, farsightedness or astigmatism. These alternatives include, among others, eyeglasses, contact lenses and other refractive surgical procedures.

Patient Consent

In giving my permission for LASIK, I understand the following: The long-term risks and effects of LASIK are unknown. I have received no guarantee as to the success of my particular case. I understand that the following risks are associated with the procedure.

X: _____

Informed Consent for Laser In-situ Keratomileusis (LASIK)

Vision Threatening Complications:

1. I understand that the microkeratome or the excimer laser could malfunction, requiring the procedure to be stopped before completion. Depending on the type of malfunction, this may or may not be accompanied by visual loss.
2. I understand that, in using the microkeratome, instead of making a flap, an entire portion of the central cornea could be cut off, and very rarely could be lost. If preserved, I understand that my doctor would put this tissue back on the eye after the laser treatment, using sutures, according to the ALK procedure method. It is also possible that the flap incision could result in an incomplete flap, or a flap that is too thin. If this happens, it is likely that the laser part of the procedure will have to be postponed until the cornea has a chance to heal sufficiently to try to create the flap again.
3. I understand that irregular healing of the flap could result in a distorted cornea. This would mean that glasses or contact lenses may not correct my vision to the level possible before undergoing LASIK. If this distortion in vision is severe, a partial or complete corneal transplant might be necessary to repair the cornea.
4. I understand that it is possible a perforation of the cornea could occur, causing devastating complications, including loss of some or all of my vision. This could also be caused by an internal or external eye infection that could not be controlled with antibiotics or other means.
5. I understand that mild or severe infection is possible. Mild infection can usually be treated with antibiotics and usually does not lead to permanent visual loss. Severe infection, even if successfully treated with antibiotics, could lead to permanent scarring and loss of vision that may require corrective laser surgery or, if very severe, corneal transplantation or even loss of the eye.
6. I understand that I could develop keratoconus. Keratoconus is a degenerative corneal disease affecting vision that occurs in approximately 1/2000 in the general population. While there are several tests that suggest which patients might be at risk, this condition can develop in patients who have normal preoperative topography (a map of the cornea obtained before surgery) and pachymetry (corneal thickness measurement). Since keratoconus may occur on its own, there is no absolute test that will ensure a patient will not develop keratoconus following laser vision correction. Severe keratoconus may need to be treated with a corneal transplant while mild keratoconus can be corrected by glasses or contact lenses.
7. I understand that other very rare complications threatening vision include, but are not limited to, corneal swelling, corneal thinning (ectasia), appearance of "floaters" and retinal detachment, hemorrhage, venous and arterial blockage, cataract formation, total blindness, and even loss of my eye.

X: _____

Non-Vision Threatening Side Effects:

1. I understand that there may be increased sensitivity to light, glare, and fluctuations in the sharpness of vision. I understand these conditions usually occur during the normal stabilization period of from one to three months, but they may also be permanent.
2. I understand that there is an increased risk of eye irritation related to drying of the corneal surface following the LASIK procedure. These symptoms may be temporary or, on rare occasions, permanent, and may require frequent application of artificial tears and/or closure of the tear duct openings in the eyelid.
3. I understand that an overcorrection or undercorrection could occur, causing me to become farsighted or nearsighted or increase my astigmatism and that this could be either permanent or treatable. I understand an overcorrection or undercorrection is more likely in people over the age of 40 years and may require the use of glasses for reading or for distance vision some or all of the time.
4. After refractive surgery, a certain number of patients experience glare, a “starbursting” or halo effect around lights, or other low-light vision problems that may interfere with the ability to drive at night or see well in dim light. The exact cause of these visual problems is not currently known; some ophthalmologists theorize that the risk may be increased in patients with large pupils or high degrees of correction. For most patients, this is a temporary condition that diminishes with time or is correctable by wearing glasses at night or taking eye drops. For some patients, however, these visual problems are permanent. I understand that my vision may not seem as sharp at night as during the day and that I may need to wear glasses at night or take eye drops. I understand that it is not possible to predict whether I will experience these night vision or low light problems, and that I may permanently lose the ability to drive at night or function in dim light because of them. I understand that I should not drive unless my vision is adequate.
5. I understand that I may not get a full correction from my LASIK procedure and this may require future enhancement procedures, such as more laser treatment or the use of glasses or contact lenses.
6. I understand that there may be a “balance” problem between my two eyes after LASIK has been performed on one eye, but not the other. This phenomenon is called anisometropia. I understand this would cause eyestrain and make judging distance or depth perception more difficult. I understand that my first eye may take longer to heal than is usual, prolonging the time I could experience anisometropia.
7. I understand that, after LASIK, the eye may be more fragile to trauma from impact. Evidence has shown that, as with any scar, the corneal incision will not be as strong as the cornea originally was at that site. I understand that the treated eye, therefore, is somewhat more vulnerable to all varieties of injuries, at least for the first year following LASIK. I understand it would be advisable for me to wear protective eyewear when engaging in sports or other activities in which the possibility of a ball, projectile, elbow, fist, or other traumatizing object contacting the eye may be high.

X: _____

8. I understand that there is a natural tendency of the eyelids to droop with age and that eye surgery may hasten this process.
9. I understand that there may be pain or a foreign body sensation, particularly during the first 48 hours after surgery.
10. I understand that temporary glasses either for distance or reading may be necessary while healing occurs and that more than one pair of glasses may be needed.
11. I understand that the long-term effects of LASIK are unknown and that unforeseen complications or side effects could possibly occur.
12. I understand that visual acuity I initially gain from LASIK could regress, and that my vision may go partially back to a level that may require glasses or contact lens use to see clearly.
13. I understand that the correction that I can expect to gain from LASIK may not be perfect. I understand that it is not realistic to expect that this procedure will result in perfect vision, at all times, under all circumstances, for the rest of my life. I understand I may need glasses to refine my vision for some purposes requiring fine detailed vision after some point in my life, and that this might occur soon after surgery or years later.
14. I understand that I may be given medication in conjunction with the procedure and that my eye may be patched afterward. I therefore, understand that I must not drive the day of surgery and not until I am certain that my vision is adequate for driving.
15. I understand that if I currently need reading glasses, I will still likely need reading glasses after this treatment. It is possible that dependence on reading glasses may increase or that reading glasses may be required at an earlier age if I have this surgery.
16. Even 90% clarity of vision is still slightly blurry. Enhancement surgeries can be performed when vision is stable UNLESS it is unwise or unsafe. If the enhancement is performed within the first six months following surgery, there generally is no need to make another cut with the microkeratome. The original flap can usually be lifted with specialized techniques. After 6 months of healing, a new LASIK incision may be required, incurring greater risk. In order to perform an enhancement surgery, there must be adequate tissue remaining. If there is inadequate tissue, it may not be possible to perform an enhancement. An assessment and consultation will be held with the surgeon at which time the benefits and risks of an enhancement surgery will be discussed.
17. I understand that, as with all types of surgery, there is a possibility of complications due to anesthesia, drug reactions, or other factors that may involve other parts of my body. I understand that, since it is impossible to state every complication that may occur as a result of any surgery, the list of complications in this form may not be complete.

X: _____

Informed Consent



For Presbyopic Patients (those requiring a separate prescription for reading)

The option of monovision has been discussed with my ophthalmologist.

Patient's Statement of Acceptance and Understanding

The details of the procedure known as LASIK have been presented to me in detail in this document and explained to me by my ophthalmologist. My ophthalmologist has answered all my questions to my satisfaction. I therefore consent to LASIK surgery on:

- Right Eye Left Eye Both Eyes

I give permission for my ophthalmologist to record on video or photographic equipment my procedure, for purposes of education, research, or training of other health care professionals. I also give my permission for my ophthalmologist to use data about my procedure and subsequent treatment to further understand LASIK. I understand that my name will remain confidential, unless I give subsequent written permission for it to be disclosed outside my ophthalmologist's office or the center where my LASIK procedure will be performed.

Patient Signature: _____ **Date:** _____

MTEA Associate: _____ **Date:** _____

I have been offered a copy of this consent form (please initial): _____

Patient Consent Form

Our Notice of Privacy Practices provides information about how we may use or disclose protected health information. The notice contains a patient's rights section describing your rights under the law. You ascertain that by your signature that you have reviewed our notice before signing this consent.

The terms of the notice may change, if so, you will be notified at your next visit to update your signature/date. You have the right to restrict how your protected health information is used and disclosed for treatment, payment or healthcare operations. We are not required to agree with this restriction, but if we do, we shall honor this agreement. The HIPAA (Health Insurance Portability and Accountability Act of 1996) law allows for the use of the information for treatment, payment, or healthcare operations.

By signing this form, you consent to our use and disclosure of your protected healthcare information and anonymous usage in a publication. You have the right to revoke this consent in writing, signed by you. However, such a revocation will not be retroactive.

By signing this form, I understand that:

- ✓ Protected health information may be disclosed or used for treatment, payment, or healthcare operations
- ✓ The practice reserves the right to change the privacy policy as allowed by law.
- ✓ The practice has the right to restrict the use of the information but the practice does not have to agree to those restrictions.
- ✓ The patient has the right to revoke this consent in writing at any time and all full disclosure will then cease.
- ✓ The practice may condition receipt of treatment upon the execution of this consent.

May we discuss your medical condition with any member of your family? (Circle one) Yes No

If YES, please name the members allowed: _____

This consent was signed by (print name): _____

Signature: _____

Witness: _____

I, (Print Name) _____ have fully read and understand the HIPAA Compliance and the Financial Policy of Middle Tennessee Eye Associates of Cookeville. I hereby request any benefits on my behalf be paid to the physician(s). I also authorize the release of any information acquired in the course of my treatment to my insurance company as needed to issue benefits. I authorize the physician(s) to administer such treatment as they may deem advisable for my diagnosis and treatment. I certify that I have been made aware of the role and services offered by the physician and physician's associates and I consent to receive such care by these providers. I understand that these services are voluntary and I have the right to refuse these services.

Location



600 E Veterans Dr | Suite A | Cookeville, TN 38501