



1820 42<sup>nd</sup> Street South

Grand Forks, ND 58201

Phone Number: 701-775-3151

Fax Number: 701-775-3153

### **HIPAA Authorization Form**

Patient name: (Print) \_\_\_\_\_

Patient Birthdate: \_\_\_\_\_

\_\_\_\_\_ By Initialing this line, I acknowledge that I have received and/or read a copy of the North Dakota Eye Clinic Notice of Privacy Practices.

### **HIPAA Approved Contacts:**

Name: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_

Relationship: \_\_\_\_\_

**Patient Signature:** \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_

(If Patient is a minor or incapable of signing)

Today's Date:        /        /