



ANNE ARUNDEL FAMILY EYE CARE

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**PRIVACY POLICY**

United States Law now requires that Medical offices protect your personal and medical information. Your information will only be released as required to provide medical care, to collect payments and to bill your insurance carriers. We may also disclose your protected health information to public health or law enforcement officials.

**PATIENT NAME:** \_\_\_\_\_

Does this office have permission to leave messages regarding your medical information and test results at your home telephone number, voicemail, answering machine, or fax:        YES    NO

Please list any persons other than yourself to whom we can give medical information and/or lab results:

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

**PATIENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_