

Dr Brad Cook OD
2332 Hwy 44 West
Inverness, FL 34453
352-726-2085
Email: info@citrusseye.com

NOTICE OF PRIVACY PRACTICES

The Privacy Practices that our office follows are located on our website and posted in our office.

Citrus Vision will not be disclosing any of your personal or medical information to anyone or any business unless authorized by you, the patient. The vision insurance that you have on file will receive the pertinent information needed for the benefits to be authorized or filed. In the situation where we may refer you to a specialist or a different office, we will share the information needed for that referral.

The following people have my permission to receive access on my medical information:

SIGNED _____ PRINTED _____

DATE _____

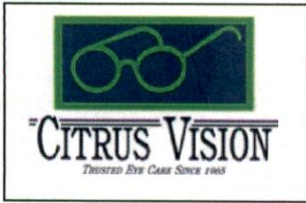
OFFICE PAYMENT POLICY

Patients are expected to pay insurance co-pays on the day of the exam and at the time of ordering glasses and/or contacts. Co-pays are defined by the vision insurance and not our optical.

Patients that do not have insurance are expected to pay the fees for the exam.

When glasses are purchased, half down is required to order. When contacts are ordered, payment is due at the time of ordering.

All sales are final on products sold in our optical.



Citrus Vision
Dr Brad Cook OD
2332 Hwy 44 W, Inverness, FL 34453
Phone 352-726-2085
Fax 352-726-2738
Email info@citrusvision.com

Records Release

Please release the records for patient:

Date of Birth: _____

Release
From _____

Please Include:

Most Recent Eye Exam

Any Medical eye Tests

Prescription for Glasses or Contacts

Fax to: Citrus Vision 352-726-2738 (fax)

352-726-2085 (phone)

Signature

Date