

Dr Blake Bingham, ODPhone | 208-629-8326  
7950 N Horseshoe Bend Rd #101  
Boise, ID 83714

Fax | 208-629-8321



## Authorization to Receive Electronic Communication

The law requires that Clear Eye Total Eye Care make every effort to inform you of your rights related to your personal health information under the Health Insurance Portability and Accountability Act (HIPAA).

You may request that we communicate with you via electronic communication (text, email, voicemail) but we are required to make you aware that such forms of communication are not secure or encrypted.

By signing below, you acknowledge and recognize the inherent risks associated with such electronic communication.

By signing below you are authorizing Clear Eye Total Eye Care the ability to communicate with me via text, email, and voicemail.

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

## Authorization for Disclosure of Health Information

Due to HIPAA regulations, I hereby authorize Clear Eye Total Eye Care to release all of my medical and financial information, including any and all reports, records, and bills, to the following person(s):

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

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

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

If you would like to make any changes to your disclosure information or no longer wish to have us communicate with you through electronic communication, please contact our office at any time.