



HIPAA CONTACT LIST

Bentz Eye Center and Laser Center, its associates and staff have my permission to speak to the following family members or friends in reference to my medical condition and care:

_____ Relationship _____

_____ Relationship _____

_____ Relationship _____

The Bentz Eye Center and Laser Center, its associates and staff have my permission to leave a message on my home answering machine or cell phone, _____ Yes _____ No, and/or call me at my work place. _____ Yes _____ No.

Signature