



Oculoplastic Consultants of Central PA, P.C.
 4700 Union Deposit Road • Suite 230
 Harrisburg, PA 17111
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 Fax: 717-541-9705

John J. Schietroma, M.D., F.A.C.S.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY POLICY
 HEALTH INSURANCE PORTABILITY & ACCOUNTABILITY ACT
 (Please complete in blue or black pen)

- I have received the Notice of Privacy Policy for Oculoplastic Consultants of Central PA.

 Signature of Patient/Guardian

 Date

- Listed below are authorized person/persons that OCCP staff is allowed to speak with regarding my medical care, appointments, and/or insurance information:

 Name and Relationship to Patient

(____)_____
 Phone Number

 Name and Relationship to Patient

(____)_____
 Phone Number

 Name and Relationship to Patient

(____)_____
 Phone Number

- OCCP staff is allowed to leave messages regarding my medical care, appointments, and/or insurance information on or with: **(Please check all that apply)**

- | | |
|--|--|
| <input type="checkbox"/> Answering machine | <input type="checkbox"/> With authorized person (listed above) |
| <input type="checkbox"/> Cell phone | <input type="checkbox"/> Through mail |
| <input type="checkbox"/> Office voicemail | <input type="checkbox"/> Via e-mail |

- If patient has a Power of Attorney list below **(Please provide a copy of POA forms):**

 Name and Relationship to Patient

(____)_____
 Phone Number

- Medical POA **and/or** Financial POA