

Receipt of Notice of Privacy Policies & Consent Form

PHILIP R. MILL, O.D.

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The *Notice of Privacy Practices* you have been given describes the uses and disclosures of your health information in detail. Please refer to this *Notice of Privacy Practice* to understand uses necessary to aid in your health treatments. Our *Notice of Privacy Practices* will be updated whenever our privacy practices change. You can get an updated copy here at the office or from our website.

When you sign this consent document, you signify that you agree we can and will use and disclose your health information to treat you, to obtain payment for our services and to perform healthcare operations. You also signify that you have received a copy of our *Notice of Privacy Practices* and retain all rights therein.

I have read the noted document and understand it. I consent to the use and disclosure of my health information for purposes of treatment, payment and healthcare operations. I acknowledge that I have received the *Notice of Privacy Practices* from Philip R. Mill, O.D. and Michael D. Sutton, O.D.

Print Patient Name	Patient or Representative Signature	Date
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If signing as a personal representative of patient, describe relationship and authority to sign this form.

Print Name	Relationship	Source of Authority
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