Progressive Vision Group
3929 Tinsley Dr. Ste 101
High Point, NC 27265
Ph: 336-841-2028
Dr. Joseph Perez * Dr. Staci Palmer

Authorization to Disclose Protected Health and/or Billing Information

In the course of providing service to you, we create, receive and store health information that identifies you. It is often necessary to use and disclose this health information to treat you, to obtain payment for our services, and to conduct healthcare operations involving our office. By law, Progressive Vision Group cannot use or share health information without permission, except by ways listed in Progressive Vision Group's Notice of Privacy Practices. This permission can be canceled at any time. The cancelation must be in writing and addressed to the owner of the practice listed above. Already permitted information cannot be canceled. This form does not have to be signed. Refusal will not change your care or treatment, but could affect payment of services. Once information is released it may not be protected by law and could be shared by others without permission. **This information is not used for marketing or research.**

Patient Name:_____ Date of birth:_____

Patient Address:_____
_____

I give permission to Progressive Vision Group doctor and staff to share my information with:

Name/relationship:_____/ _____

Name/relationship:_____/ _____

This is a full release of medical and billing information unless specified in this space:

Signature of patient/parent/legal guardian:_____

Date:_____