

# Eye Associates of Georgetown

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## Authorization and Acknowledgment

All data or information pertaining to the diagnosis, treatment or Health of

\_\_\_\_\_ who receives care through  
Eye Associates of Georgetown shall be held in confidence and shall not be disclosed to  
any person except (1) to the extent that it may be necessary to carry-out purposes  
required by or to administer insurance or health maintenance benefits,  
or (2) upon the express written consent of the patient.

## Contact Release of Information

In the event that Eye Associates Georgetown needs to contact you (the patient) regarding an  
appointment, lab result, medication or for any other reason, it is permissible to:

- Leave a message on an answering machine/voicemail
- Speak with spouse or significant other
- Speak with family members
- Other

Name(s): \_\_\_\_\_

Relationship to Patient \_\_\_\_\_

\_\_\_\_\_  
Signature of Patient/Guardian/Personal Representative

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date