

James W. Freshwater, O.D., Timothy C. Jameson, O.D.
6270 TownCenter Drive
Clemmons, NC 27102
Phone: 336-712-4733 • Fax 336-760-4599

In compliance with HIPAA regulations our office has a Joint Notice of Privacy, which you may review or take a copy with you.

I authorize the professional office of my optometrist named above to release health information identifying me to the following individuals or entities that I have initialed:

_____ My insurance provider

_____ Other healthcare providers

_____ Immediate family members listed below

_____ Other individuals or entities listed below

Printed Name _____

Signature _____ Date _____