



HATTORI VISION OPTOMETRY

I, hereby, give Hattori Vision (Doctors and/or staff) authorization to speak with the following people regarding my personal health information:

Name	Phone Number	Relationship
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		

I do _____ hereby give Hattori Vision (Doctors and/or staff) permission to leave a message with detailed information about my personal health information either on my answering machine or with the person(s) noted above

I do not _____ authorize Hattori Vision (Doctors and/or staff) permission to leave a message with detailed information about my personal health information on my answering machine, only with the person(s) noted above.

Signature

Date