



**giulio diamante, md  
& associates**  
exceptional eyecare

**giulio diamante, md**  
*board certified*



**BROWN**  
Alpert Medical School  
*clinical assistant  
professor of ophthalmology*

## Consent to the Use and Disclosure of Health Information for Treatment, Payment, or Healthcare Operations

I understand that as part of my healthcare, Giulio G. Diamante, MD Inc. d/b/a OPTX rhode island, originates and maintains health records describing my health history, symptoms, examinations, test results, diagnoses, treatment and plans for future care and treatment. I understand that this information serves as:

- A basis for planning my care and treatment.
- A means of communication among the health professionals who contribute to my care.
- A source of information for applying my diagnosis and surgical information to my bill.
- A means by which a third-party payer can verify that services billed were actually provided.
- A tool for routine healthcare operations such as assessing quality and reviewing the competence of healthcare professionals.

I understand and have been provided with a Notice of Privacy Practices. The notice provides a more complete description of information uses and disclosures. I understand that I have the right to review the notice prior to signing this content. I understand the practice reserves the right to change its notices and practices and will notify me of any changes prior to implementation. I understand that I have the right to object to the request restrictions as to how my health information may be used for disclosed to carry out treatment, payment or healthcare operations and that the practice is not required to agree to the restrictions requested. I understand that I may revoke this consent in writing, except to the extent that the practice has already taken action thereon.

I acknowledge receipt of the Notice of Privacy Practices for Giulio G. Diamante, MD Inc. d/b/a OPTX rhode island.

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signature of patient, legal representative or parent, if minor

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date

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