



**The  
Colorado  
Retina Center**

*Specializing in Diseases and Surgery  
of the Retina and Vitreous*

**Nalin J. Mehta, M.D.**

**CONSENT FOR THE USE OR DISCLOSURE OF PROTECTED HEALTH  
INFORMATION FOR ACCOMPANYING PERSON/PERSONS.**

As required by Health Information Probability and Accountability Act of 1996, the Colorado Retina Center needs your consent for the disclosure of any information concerning your health or treatment to the person/persons accompanying you.

\_\_\_\_\_  
Patient signature

\_\_\_\_\_  
Date

I understand that any information disclosed to me concerning this patient's medical or personal information is confidential and will not be discussed with any other persons.

\_\_\_\_\_  
Signature of accompanying person

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of accompanying person

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of accompanying person

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of accompanying person

\_\_\_\_\_  
Date