

Fax Privacy Waiver

Indiana Neuro-ophthalmology & Center for Balance, LLC
Scott K. Sanders, MD, PhD

Indiana Neuro-ophthalmology & Center for Balance utilizes Electronic Medical Records (EMR). To expedite sending referring or other physicians your medical information, ordering necessary testing, or for communication with your insurance company, certain documents from your medical record may be faxed directly from the EMR on the day of service.

I understand that my medical records may be transmitted electronically by fax and may be received in error by a third party. In the event that this should occur, I absolve Indiana Neuro-ophthalmology & Center for Balance, LLC, of all liability. I give my consent to fax my records for the purpose of communication with referring or other physicians, diagnostic testing, treatment, or payment of healthcare operations and I understand that I may withdraw this consent at any time in writing.

Printed Name of Patient or Representative

Signature of Patient or Representative

Date