

POST-OPERATIVE CARE CONSENT

The health and care of our patients is the primary concern of Dr. Harvey, Independent Vision Group, Ltd (IVG), and your optometrist, Dr. _____.

You have elected to undergo a surgical procedure to improve or maintain your vision. As a patient, you have the right to decide if you wish to participate in co-management of your care. That means while your surgery will be performed by Dr. Harvey, for convenience and familiarity you may wish to elect to receive your post-operative care from your optometrist. This option is only available to patients when it is clinically appropriate.

During the course of your post-operative recovery period, personal health information will be exchanged between IVG and your optometrist. This information will be limited to post-operative results. Your personal health information will not be transmitted without your consent (verbally, written or electronically).

In signing this agreement, I agree to the release of my post-operative personal health information between my optometrist and IVG. I understand that no information will be transmitted without my verbal, written or electronic consent. I have had all of my questions answered to my satisfaction and will call IVG if other questions arise.

I _____ **AGREE** to the above stated post-operative arrangement. I am electing to have my optometrist provide my post-operative care. In signing this agreement, it is mutually understood that my optometrist will provide post-operative care in his/her office but, at any time during your recovery, Dr. Harvey and IVG will be available to discuss my care by phone at 715.449.8400 or see you at one of IVG's locations.

OR

I _____ **DO NOT AGREE** to the above stated post-operative arrangement. I am electing to have Dr. Harvey provide my post-operative care. In signing this agreement, it is mutually understood that Dr. Harvey will provide post-operative care at one of IVG's locations.

Signature _____ Date _____

Witness Signature _____ Date _____