

**PATTERSON EYE CARE MEANINGFUL USE INFORMATION SHEET**

In order to comply with CMS standards for electronic medical records, we request that you complete the following questions.

**Language preferred:**    \_\_\_ English    \_\_\_ Spanish

**Race:**                    \_\_\_ American Indian or Alaska Native    \_\_\_ Asian  
                              \_\_\_ White

                              \_\_\_ Black or African-American    \_\_\_ Hispanic    \_\_\_ Native Hawaiian/Other  
                              Pacific Island

**Ethnicity:**    \_\_\_ Hispanic or Latino    \_\_\_ Native Hawaiian/Other Pacific Island  
                              \_\_\_ Not Hispanic or Latino

**Communication Preference:**    \_\_\_ Phone    \_\_\_ Email    \_\_\_ Postal

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**PATIENT RELEASE OF MEDICAL RECORDS FORM**

(Please Print or Type)

I, \_\_\_\_\_, hereby consent to allow the following person(s) access to information regarding my healthcare and financial records that would otherwise be considered Protected Health Information.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Relationship