

## ACKNOWLEDGEMENT

Our Notice of Privacy Practices provides information about how we may use and disclose protected health information about you. The Notice contains a Patient Rights section describing your rights under the law. You have the right to review our Notice; you may obtain a revised copy by contacting our office.

You have the right to request that we restrict how protected health information about you for treatment, payment and health care operations. You have the right to revoke this Acknowledgement, in writing, signed by you. However, such a revocation shall not affect any disclosures we have already made in reliance on your prior Acknowledgement. The practice provides this form to comply with the Health Insurance Portability and Accountability act of 1996 (HIPAA).

The patient understands that:

- Protected health information may be disclosed or used for treatment, payment or health care operations
- The practice has a Notice of Privacy Practices and that the patient has the opportunity to review this Notice
- The Practice reserves the right to change the Notice of Privacy Policies
- The patient has the right to restrict the uses of their information but the Practice does not have to agree to those restrictions
- The patient may revoke this Acknowledgement in writing at any time and all future disclosures will then cease
- The Practice may condition treatment upon the execution of this Acknowledgement
- By signing this form the patient acknowledges that we will be calling their name in the office when it is time for their appointment
- The patient also acknowledges that we may call them regarding appointments, test results, billing questions, or eyeglass purchases, etc; and we may leave a brief message on their answering machine.

**PLEASE CHECK THE APPROPRIATE BOX BELOW FOR ANYONE WHO MAY RECEIVE THIS INFORMATION:**

Spouse    Children    Caretaker    Relative

Other \_\_\_\_\_  
\_\_\_\_\_

**Signature:** \_\_\_\_\_  
(Patient/Guardian)

**Print Name:** \_\_\_\_\_ **Date** \_\_\_\_\_

Relationship to Patient (if other than patient):  
\_\_\_\_\_