

Acknowledgment of Receipt of Notice and Consent To Use and Disclose Health Information (HIPAA)

READ BEFORE SIGNING THE ACKNOWLEDGMENT AND CONSENT

This acknowledgment of notice and consent authorizes Hartzell Eye Specialists to use and disclose health information about you for treatment, payment, and health care operations purposes.

Notice of Privacy Practices. Hartzell Eye Specialists has a Notice of Privacy Practices which describes how we may use and disclose your protected health information and how you can access your protected health information and exercise other rights concerning your protected health information. You may review our current notice prior to signing this acknowledgment and consent.

Amendments. We reserve the right to change our Notice of Privacy Practices and to make the terms of any change effective for all protected health information that we maintain, including information created or obtained prior to the date of the effective date of the change. You may obtain a revised notice by submitting a written request.

Acknowledgment and Consent

I have received the Notice of Privacy Practices for Hartzell Eye Specialists. Hartzell Eye Specialists is authorized to use and disclose health information about _____ (patient name) for treatment, payment and healthcare operations purposes consistent with its Notice of Privacy Practices.

Signature of Patient or Personal Representative

Date

Personal Representative Information:

Name of Personal Representative

Relationship to Patient