



## **Patient Acknowledgement of Receipt of HIPAA Notice**

Our Notice of Privacy 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 before signing this consent. The terms of our Notice may change. If we change 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 is used or disclosed for treatment, payment or health care operations. We are not required to agree to this restriction, but if we do, we shall honor that agreement.

By signing this form, you consent to our use and disclosure of protected health information about you for treatment, payment and health care operations. You have the right to revoke this consent, in writing, signed by you. However, such a revocation shall not affect any disclosures we have already made in reliance with your prior consent. Buglisi Eye Care 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 for treatment, payment or health care operations.
- Buglisi Eye Care has a Notice of Privacy Practices and that the patient has opportunity to review this Notice.
- Buglisi Eye Care reserves the right to change the Notice of Privacy Policies.
- The patient has the right to restrict uses of their information but Buglisi Eye Care does not have to agree to those restrictions.
- The patient may revoke this consent in writing at any time and all future disclosure will then cease.
- Buglisi Eye Care may condition treatment upon execution of this consent.

**Patient Signature:** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Relationship if other than patient:** \_\_\_\_\_

**Office staff initials:** \_\_\_\_\_

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