

BETTER VISIONS, P.C.
ACKNOWLEDGEMENT OF
RECEIPT OF HIPPA PRIVACY PRACTICES

I hereby acknowledge that I have been presented with the Notice of Privacy Policy of Better visions P.C. and have been offered a copy of such policy to keep for my records on the date identified below.

- I CHOSE TO TAKE A COPY OF THE NOTICE
 I DECLINED TO TAKE THE NOTICE

I allow Better Visions, P.C. to use and disclose **ONLY** necessary personal health identification information, such as my name, address, eye examination information, health diagnoses for eye and systemic disease, and insurance policy card numbers and type of products provided, to another party to permit Better Visions, P.C. to perform its administrative duties provide me with eye care services and products, process my vision benefit claims, and communicate with me regarding vision care services and products; for example, mailing of exam reminders/ services/ fax and answering machines. This office will not sell my personal health information to a third party. I understand the information once disclosed under this authorization, may be subject to re-disclosure and no longer protected by privacy regulations. I further understand this authorization is valid for one (1) year unless revoked by me in writing prior to that time.

SIGNATURE OF: _____ Date: _____

NAME OF MINOR signed for: _____

ONLY YOU OR THE NAMES /AGENCIES BELOW MAY HAVE ACCESS TO YOUR INFORMATION. IF THE NAME IS NOT ON THIS PAPER, NO INFORMATION MAY BE RELEASED FROM THIS OFFICE.

NAME/AGENCY: _____ RELATIONSHIP: _____

NAME/AGENCY: _____ RELATIONSHIP: _____

NAME/AGENCY: _____ RELATIONSHIP: _____

NAME/AGENCY: _____ RELATIONSHIP: _____

Patient privacy comments/ additional names:

NOTICE: Effective July 1, 1994, House Enrolled Act 1081 legislated the fees to be charged by health care providers for copies of the first ten (10) pages \$15.00, plus as additional charge of \$.25 per page for every page following the tenth (10TH). Actual postage is an additional charge. If the request is needed within two (2) days, \$10.00 can be charged for expediting the process. If Dr.'s professional summary is required the fee is immediately 35.00 per 20 minutes required and copies are \$.25 in addition.

Better Visions, P.C. attempted to obtain written acknowledgement of receipt of the policy of the provider, but acknowledgement could not be obtained as documented below

- Patient or Patients legal representative refused to sign
 Patient of patients legal representative could not understand this protective right and, upon reasonable effort our office could not sufficiently educate this patient regard the acknowledgement
 Emergency circumstances prevent securing acknowledgment

OFFICE SIGNATURE ONLY – PATIENTS SIGN ABOVE ONLY

Sign: _____ Date: _____