

EyeCare Associates

Acknowledgement of Privacy Practices

The Health Insurance Portability and Accountability Act (HIPAA) is a federal law that requires this office to comply with certain rules regarding the maintenance of privacy of your medical information that we have collected and will collect in the future.

Our Notice of Privacy Practices (NPP) describes the way we can use and disclose your protected health information and the measures we take to keep the information protected. Our NPP also includes your privacy rights. It may be necessary for us to make routine disclosures of your information to other health care providers or insurance entities to provide or coordinate your care. We will get your permission before using your health information for any reason other than these routine disclosures. Our Notice of Privacy Practices is available at our office and on our website. You may also request a printed copy be provided to you at any time.

By law, we must abide by the terms of this NPP until we choose to change it. We reserve the right to change this notice at any time as allowed by law. If we change this Notice, the new privacy will apply to your health information that we already have as well as to such information that we may generate in the future. If we change our NPP, we will post the new Notice on our website, in the office and have copies available in our office.

By signing below, you acknowledge you are aware of the HIPAA Notice of Privacy Practices of EyeCare Associates and that copies of the notice are available to you on our website and at our office.

Patient and/or Guardian Signature

Date

Name Printed

Updated and Revised April 9, 2022