

Notice of Privacy Practices Acknowledgement

I understand that, under the Health Insurance Portability & Accountability Act of 1996 (HIPAA), I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:

- Conduct, plan, and direct my treatment and follow-up among the multiple healthcare providers who may be involved in that treatment directly and indirectly.
- Obtain payment from third-party payers.
- Conduct normal healthcare operations such as quality assessments and physician certifications.

I understand that my health information may be released in accordance with the law, in the event of an investigation involving abuse, crime or domestic violence. This information may also be appropriately released in the event of a medical emergency.

I understand that release of my information outside of these parameters will require my written authorization, which may be revoked in writing, with clearly delineated effective dates and specified information.

I authorize information regarding appointment reminders and cancellations to be left using the phone number(s) (including answering device) and email address I have provided. I understand that authorization for another individual to discuss my health information must be designated in writing below.

I understand that I have a right to review and copy my protected information, and that this may incur a fee for copies or printing. I also understand that my medical information may be maintained and retrieved in an electronic health record, which can be accessed by me remotely through a HIPAA compliant patient portal.

I have received, read and understand the Notice of Privacy Practices containing a more complete description of the uses and disclosures of my health information. I understand that Tan & Mar Optometry, PLLC (DBA Northport Eye Care) is required to protect patient privacy, and has the right to change its Notice of Privacy Practices, and that I may contact this organization at any time to obtain a current copy of the Notice of Privacy Practices.

I understand that I may request in writing to restrict how my private information is used or disclosed to carry out treatment, payment or healthcare operations. I also understand that Tan & Mar Optometry (DBA Northport Eye Care) is not required to agree to my requested restrictions, however if in agreement is bound to abide by such designated restrictions.

I understand that the above will remain effective until such time as I notify Northport Eye Care in writing, by certified mail, of requested changes.

Individual(s) authorized to discuss my health information:

Relationship to patient: (spouse, daughter/son, physician)

Patient Name: _____

Relationship to Patient: _____

Signature: _____

Date: _____

FOR OFFICE USE ONLY

I attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, however acknowledgement could not be obtained because:

- Individual refused to sign
- Communication barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining the acknowledgement
- Other: _____

Employee Name and Signature

Date