

Acknowledgement of Notice of Privacy Practices

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 for the purposes of conducting and coordinating care, obtaining payment, and supporting health care operations of Eye Associates of Texas.

I acknowledge that I have received the Notice of Privacy Practices, which provides a comprehensive explanation of how my protected health information may be used or disclosed. I was given the opportunity to review the notice prior to signing this consent.

I understand that Eye Associates of Texas has the right to change its Notice of Privacy Practices from time to time, and that I may contact this organization at any time to obtain the most current copy of the Notice of Private Practices.

With my consent, Eye Associates of Texas may call my home or other designated location and leave a message on voice mail or in person in reference to any items that assist the practice in carrying out TPO (i.e. treatment, payment, and healthcare operations), such as appointment reminders, insurance items and any call pertaining to my clinical care, including laboratory results amongst others.

With my consent Eye Associates of Texas may e-mail me or mail to my home or other designated location pertinent information that may assist the practice in carrying out TPO, such as appointment reminder cards and patient statements.

I understand that I may request, in writing restrictions on the use or disclosure of my protected health information. I also understand that Eye Associates of Texas is not required to agree to my requested restrictions, but are bound to abide by such restrictions upon agreement.

I understand that I may revoke my consent to use and disclose my protected health information upon written request. Any use or disclosure that has already occurred prior to the date the revocation request is received will not be affected.

As per HIPAA, Eye Associates of Texas reserves the right to decline service if the consent form is not signed.