



HIPAA

PATIENT NOTICE OF PRIVACY PRACTICES AND PATIENT RIGHTS & RESPONSIBILITIES

ACKNOWLEDGEMENT

We keep a record of the health care services we provide to you. You may ask to see and copy that record. You may also ask to correct that record. We will not disclose your record to others unless you direct us to do so or unless the law authorizes or compels us to do so. You may see your record or get more information about it by contacting the Privacy Officer at Simon Eye Associates at (302) 239-1933.

Our ***Patient Notice of Privacy Practices*** describes in more detail how your health information may be used and disclosed, and how you can access your information.

Our ***Patient Rights & Responsibilities*** provides guidelines for your care in our facility and contact information for concerns.

By my signature below I acknowledge receipt of the Patient Notice of Privacy Practices and Patient Rights & Responsibilities.

Patient or legally authorized individual signature

Date

Printed Name

Relationship (parent, legal guardian, personal rep.)

This form will be retained in your medical record.