



HIPPA PRIVACY FORM
NOP ACKNOWLEDGEMENT

This form will be provided to you upon registration. In the case of a medical emergency, this form will be provided to you as soon as reasonable practicable after your emergency treatment is over.

PATIENT NAME (Please Print)

NAME OF GUARDIAN/PERSONAL REPRESENTATIVE (Patient under 18 years old, If Applicable)

I. Notice of Privacy

You are entitled to our NOTICE OF PRIVACY PRACTICES describing how your health information can be used and disclosed by BAY RIDGE EYE & RETINA SPECIALIST, PC, and how you can obtain access to and control this information. Our Notice of Privacy Practices will be provided to you upon registration or admission. It is also posted in our registration areas and is available on our website at www.EyeAndRetina.com.

By signing below, I acknowledge that I received the Notice of Privacy Practices provided to me by BAY RIDGE EYE & RETINA SPECIALIST, PC.

X _____
SIGNATURE OF PATIENT/GUARDIAN/PERSONAL REPRESENTATIVE

_____/_____/_____
DATE

RELATIONSHIP TO PATIENT (If Applicable)

II. Our practice is dedicated to maintaining the privacy of your individually identifiable health information (also called *protected* health information, or PHI). In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your PHI. By federal and state law, we must follow the terms of the Notice of Privacy Practices that we have in effect at the time.

We realize that these laws are complicated, but we must provide you with the following important information:

- How we may use and disclose your PHI,
- Your privacy rights in your PHI,
- Our obligations concerning the use and disclosure of your PHI.

III. The terms of this notice apply to all records containing your PHI that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our practice will post a copy of our current Notice in our offices in a visible location at all times, and you may request a copy of our most current Notice at any time.