



The Health Insurance Portability and Accountability Act (HIPAA)

Acknowledgement of Receipt of Notice of Privacy Practices

In order to provide service to you, the patient, Blink Eyecare will collect private health information that identifies you. We will receive, create, and store your protected health information. It is often necessary for us to use and disclose your health information to treat you, obtain payment for services, and conduct healthcare operations in our office. The Notice of Privacy Practices describes these uses and disclosures in detail.

I acknowledge that I have been informed of The Notice of Privacy Practices. I acknowledge that I may request a copy of The Notice of Privacy Practices at any time.

- I would like a copy of The Notice of Privacy Practices.
- I do not need a copy of The Notice of Privacy Practices at this time.

If you would like to authorize Blink Eyecare to share your private health information when requested by family members please list them below, including relationship:

Signature of Patient or Legal Guardian

Date

Printed Name

Relationship to Patient, if Guardian