

NOTICE OF PRIVACY PRACTICES

We respect our legal obligation to keep health information regarding our patients (that identifies you) private. We are obligated by law to give you notice of our privacy practices. The Notice describes how we protect your health information and what rights you have regarding it.

Our practice confirms appointments via telephone. In addition, we mail monthly reminder appointment cards. Any exceptions to these practices must be submitted in writing by the patient.

I acknowledge that I received and reviewed a copy of Diagnostic Eye Center's **Notice of Privacy Practices**.

ACKNOWLEDGEMENT OF RECEIPT

PATIENT NAME: _____

PATIENT SIGNATURE: _____

DATE: _____