

**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 Center for Advanced Eye Care at (302) 485-0699.

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 NAME OR LEGALLY AUTHORIZED INDIVIDUAL SIGNATURE	DATE
PRINTED NAME	RELATIONSHIP TO PATIENT

This form will be retained in your medical record.