



80 Seven Hills Blvd. Suite 305 Dallas, GA 30132

Phone 678-324-4211 FAX 678-324-4216

HIPAA Privacy

Acknowledgement of Receipt of Privacy Notice

By signing this acknowledgement of Receipt of Notice of Privacy Practices (the “Notice”); I acknowledge and agree that I have received a copy of the Notice of Privacy Practices for review and to keep for my records on the date identified below.

I understand that the Huffman Family Eye Care may use and disclose necessary personal health information (for example, my name, address, subscriber identification number, eye exam information and/or type of products provided) to another party to permit Huffman Family Eye Care to perform it’s administration duties, provide me with eye care services and products, process my vision benefits claims and communicate with me regarding vision care services provided by Huffman Family Eye Care (for example, mailings of exam reminders or information about services/products by Huffman Family Eye Care).

I can be assured that Huffman Family Eye Care does not sell my personal health information of any kind to a third party for such party’s own use. I acknowledge and agree that Huffman Family Eye Care may submit my vision benefit claims to my plan sponsor or health plan to receive reimbursement directly for the vision services and products that I have received from Huffman Family Eye Care.

Patient Signature or Patient’s Legal Representative

Date