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## NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT & PATIENT CONSENT FORM

I understand that, under the Health Insurance Portability & Accountability Act of 1996 ("HIPAA"), I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:

- Conduct, plan and direct my treatment and follow-up among the multiple healthcare providers who may be involved in that treatment directly and indirectly.
- Obtain payment from third-party payers.
- Conduct normal healthcare operations such as quality assessments and physician certifications.

I have received, read and understand your *Notice of Privacy Practices* containing a more complete description of the uses and disclosures of my health information. I understand that *Village Eye Care, P.C.* has the right to change its *Notice of Privacy Practices* from time to time and that I may contact *Village Eye Care, P.C.* at any time at the address above to obtain a current copy of the *Notice of Private Practices*.

- I Consent for Telehealth/Telemedicine Services provided by Village Eye Care \_\_\_\_\_  
(please initial)
- I give Permission to Village Eye Care to disclose my patient records/financials/health information to:

\_\_\_\_\_  
(Name) (Relationship to Patient) (Date)

\_\_\_\_\_  
(Name) (Relationship to Patient) (Date)

I understand that I may request in writing that you restrict how my private information is used or disclosed to carry out treatment, payment or health care operations. I also understand you are not required to agree to my requested restrictions, but if you do agree then you are bound to abide by such restrictions.

I understand that I may revoke this consent in writing at any time, except to the extent that you have taken action relying on this consent.

Patient Name: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### OFFICE USE ONLY

I attempted to obtain the patient's signature in acknowledgement on this Notice of Privacy Practices Acknowledgement, but was unable to do so as documented below:

Date:	Initials:	Reason: