



# DERBY EYE CARE

## NOTICE OF PRIVACY PRACTICES

### Acknowledgement of Receipt

I acknowledge that I received and reviewed a copy of the Derby Eye Care Notice of Privacy Practices explaining,

- How this office will use and disclose my protected health information.
- My privacy rights with regard to my protected health information.
- This offices obligations concerning the use and disclosure of my protected health information.

I understand that if I have any complaints, questions or would like additional information regarding the Notice of Privacy Practices I can contact this offices Privacy Officer or the Office for Civil Rights, U.S. Department of Health and Human Services.

#### **PRIVACY OFFICER**

**DERBY EYE CARE – DR. LOGAN BANISTER**

#### **OFFICE FOR CIVIL RIGHTS**

**U.S DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**200 INDEPENDENCE AVENUE, S.W.**

**ROOM 509F, HHHBUILDING**

**WASHINGTON, D.C. 20201**

PATIENT NAME \_\_\_\_\_

PATIENT OR GUARANTOR SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_