Acknowledgment of Receipt of Notice of Privacy Practices

NAME (print): ______________________________

The Notice of Privacy describes the types of uses and disclosures of my protected health information that might occur in my treatment, payment for service or in the performance of the office's health care operations. The Notice of Privacy Practices also describes my rights and the responsibilities and duties of this office with respect to my protected health information. The Notice of Privacy Practices is also posted in the facility.

Kitsap Eye Physicians reserves the right to change the privacy practices that are described in the Notice of Privacy Practices. If privacy practices change, I will be offered a copy of the revised Notice at the time of my first visit after the revisions become effective. I may also obtain a revised Notice of Privacy Practices by requesting that one be mailed to me.

ADDITIONAL DISCLOSURE AUTHORITY

In addition to the allowable disclosures in the notice of Privacy Practices, I hereby specifically authorize disclosure of my protected health care information to the persons indicated below.

1. SPOUSE ONLY (Name)__________________________
2. OTHER (please specify);

   Name: ____________________ Relationship: ____________

   Name: ____________________ Relationship: ____________

   Name: ____________________ Relationship: ____________

   Name: ____________________ Relationship: ____________

3. May we leave messages on your answering machine and or voice mail?

   Yes No

4. In case of a medical emergency who may we contact on your behalf?

   Name: ____________________ Relationship: ____________

   Phone #: ________________

I acknowledge that I have received a copy of the Notice of Privacy Practices for the office of Kitsap Eye Physicians.

SIGNED: ______________________________ DATE: ____________

*********************OFFICE USE ONLY*********************

RECORD OF ACKNOWLEDGEMENT NOT OBTAINED

Provided prior to treatment? YES NO Date provided: ____________

Reason for denial:

- Needed more time to review notice of privacy.
- Wanted to consult with other persons before signing.
- Reasons not given
- Other (explain): ______________________________