

Morganton Eye Physicians, PA

Acknowledgment of Receipt of Notice of Privacy Practices

Our Notice of Privacy Practices (Notice) provides information about how we may use and disclose protected health information about you. It also provides information about your rights as a patient and whom you may contact at our office to ask questions about our privacy practices.

A copy of our Notice is available for you to read in our waiting area and you may request a written copy. You may also access our Notice on our website at www.morgantoneye.com.

As provided in our notice, the terms of our notice may change. If we change our notice, you may obtain a revised copy by contacting us at any of our locations.

By signing below, you acknowledge that you have had the opportunity to read the Notice of Privacy Practices of Morganton Eye Physicians, PA.

Patient Name (Please Print)

Patient Signature

Date

*****For Office Use Only*****

We were unable to obtain a written acknowledgment of receipt of the Notice of Privacy Practices because (please check below):

- an emergency existed and a signature was not possible at the time
- the individual refused to sign
- unable to communicate with the patient for the following reason:

- other:

Prepared by: _____ Signature: _____ Date: _____