

Eye Care Associates of Nevada
2285 Green Vista Drive
Sparks, NV 89431
775 674-1100

Privacy Practice Acknowledgement

I hereby acknowledge, I understand the Federal Government has established the "HIPAA PRIVACY ACT", effective April 14, 2003. I also understand, the Privacy Act describes how medical information about me may be used and disclosed.

I can designate another person(s) to receive this information in addition to myself.

I, at this time, designate the following person(s) to have any and all information regarding my health, appointments and medications (Please include name and relationship):_____

I have declined to have a copy of the Private Practice Policy.

I have received a copy of the Private Practice Policy.

Patient Signature:_____

Date:_____

Eye Care Associate Employee:_____