

Macula and Diabetic Eye Center
5117 26th Street West, Ste B
Bradenton, Florida 34207

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

Revised December 1st 2013

By law, we are required to make available to all our patients a copy of this Notice of Privacy Practices. By signing below you are stating you received, or have been offered and declined a copy of this notice. Information will be shared with your insurance providers only. Any other provider, we will ask a records release form to be signed by you.

A current notice is also posted in our office and is available to you upon request. If the Notice is revised you may review and obtain a new version at any time.

PLEASE ANSWER THE FOLLOWING QUESTIONS SO WE MAY PROTECT YOUR PRIVACY.

This is to verify that I have read and understand the above information. By signing this statement I am giving Macula and Diabetic Eye Center and staff permission to release my personal information as described below.

I have RECEIVED / DECLINED a copy of the Privacy Practices.

Is it ok to leave appointment info on your voicemail? Yes / No

If yes, circle where: Home Cell Work Email

If answer is NO, Please provide details as to how you wish to be notified by our office:

Email address:

Is it ok to release information to anyone other than you? Yes / No

If yes, please list each person allowed:

NAME _____ Relationship _____

NAME _____ Relationship _____

SIGNATURE _____ DATE _____

For patients under 18 years of age:

Patient _____ Guardian/Parent _____ Date _____