

Advanced Eyecare  
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### **ACKNOWLEDGEMENT OF PRIVACY POLICY AND PRACTICES**

I understand that in an attempt to protect the privacy of my identifiable health information, Advanced Eyecare has established a Privacy Policy and guidelines for Privacy Practices within their office(s). This information details the use and/or disclosure of information contained in my personal medical/optometric records kept for the purposes of diagnosis, treatment, payment and health care operations. In accordance with HIPAA Regulations, a copy of the Advanced Eyecare Privacy Policy & Practices has been made available to me while in the office today. Should I choose to have a personal copy, one will be given to me at no charge.

- I have read, understand and acknowledge the Privacy Policy and Practices of Advanced Eyecare
- I have elected not to read the Privacy Policy & Practices of Advanced Eyecare
- A copy of the Advanced Eyecare Policy & Practices was given to me today.

Signature \_\_\_\_\_ Today's Date\_\_\_\_\_