

Advanced Eye Care
www.advancedeyecareutah.com

Patient Consent Form and Acknowledgment For Notices of Privacy Practices

Advanced Eye Care's written Notice of Privacy Practices provides detailed information on how they may use and disclose my protected health information. By signing this form I acknowledge that I have received the Notice of Privacy Practices, and I am in agreement with their use, and disclosure of my protected health information for treatment, payment and/or operations of the practice.

I understand that I may request, in writing, restrictions to the use, or disclosure of my protected health record, and that I am able to provide access to my personal health information by written authorization as specified in the Notice of Privacy Practices. Advanced Eye Care may charge a fee for the cost of copying, mailing, or supplies associated with any request for copies of health information.

Patient Name: _____ D.O.B. _____

Signature: _____