

ACKNOWLEDGEMENT OF PRIVACY PRACTICES

EyeCare About Vegas  
Dr. R. Dougal Morrison  
2055 E. Windmill Lane Ste. 105  
Las Vegas, Nevada 89123  
Tel: (702) 731-2233

My signature confirms that I have been informed of my rights to privacy regarding my protected health information, under the Health Insurance Portability & Accountability Act of 1996 (HIPAA). I understand that this information can and will be used to:

Provide and coordinate my treatment among a number of health care providers who may be involved in that treatment directly and indirectly

Obtain Payment from third party payers for my health care services

Conduct normal health care operations such as quality assessment and improvement activities

I have been informed of my health care provider’s Notice of Privacy Practices containing a more complete description of the uses and disclosures of my protected health information. I have been given the right to review and receive a copy of such Notice of Privacy Practices. I understand that my health care provider has the right to change the Notice of Privacy Practices and that I may contact this office at the address above to obtain a current copy of the Notice of Privacy Practices.

I understand that I may request in writing that you restrict how my private information is used or disclosed to carry out treatment, payment or health care operations and I understand that you are not required to agree to my requested restrictions, but if you do agree then you are bound to abide by such restrictions.

IF DR. R. DOUGAL MORRISON IS BILLING INSURANCE ON MY BEHALF, I AUTHORIZE HIM TO OBTAIN (FROM MY INSURANCE CARRIER) ANY INFORMATION NEEDED REGARDING BENEFITS AND MAXIMUMS AVAILABLE, SERVICES PROVIDED BY HIM OR ANY OTHER OPTICAL PROVIDER OF CARE THAT WILL HELP HIS OFFICE TO OBTAIN BENEFITS ON MY BEHALF. ALL BENEFITS ARE ASSIGNED TO DR. R. DOUGAL MORRISON.

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Dependent family members also covered by this authorization and acknowledgement:

---

For office use only:

We were unable to obtain the patient’s written acknowledgement of our Notice of Privacy Practices due to the following reasons:

- The patient refused to sign
- Communication barriers
- Emergency situation