

# ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Please read Privacy Practices on back side of this form

I acknowledge that I have been provided the opportunity to read a copy of Eye Center of Texas' Notice of Privacy Practices.

PATIENT NAME \_\_\_\_\_

PATIENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Clinical information will not be provided to anyone other than to you and Eye Center of Texas' Associates as noted in the Notice of Privacy Practices. If you would like us to inform family members or other persons, if any, about your general medical condition and/or your diagnosis (including treatment, payment and health care operations), please list those individuals below.

\_\_\_\_\_  
\_\_\_\_\_

A communications barrier prevented ECT from obtaining acknowledgement

An emergency situation prevented ECT from obtaining acknowledgement

Individual refused to sign

Other \_\_\_\_\_



## PRIVACY PRACTICES

**1. WHAT DOES HIPAA STAND FOR?**  
HIPAA is an acronym for Health Insurance Portability & Accountability Act which was passed by Congress in 1996 and is effective as of April 14, 2003.

**2. WHY SHOULD I SIGN NOW?**

Signing now simply lets us know you received the HIPAA Notice of Privacy Practices. Of course you can choose not to sign.

**3. WHAT HAPPENS IF I DON'T SIGN THIS ACKNOWLEDGEMENT FORM?**

First, you need to know we will provide you timely care and treatment whether or not you sign the form. Second, if you choose not to sign the form, we will note your choice on the bottom of the acknowledgment form and hope you take a copy of the Notice.

**4. IS MY SIGNATURE JUST ACKNOWLEDGING RECEIPT OF THIS NOTICE?**

Yes. By signing this acknowledgment form we then can show the Department of Health & Human Services that we are complying with one of the major rules of HIPAA to make sure we give every patient the opportunity to have our Notice.

**5. WHY IS THIS NOTICE SO LONG COMPARED TO THE ONES I RECEIVED FROM MY FINANCIAL INSTITUTION OR MY CREDIT CARD COMPANY OR MY LIFE INSURANCE COMPANY?**

Those companies are subject to a different set of privacy rules under the Graham/Leach Act while all healthcare organizations are subject to HIPAA.

**6. ARE YOU DOING ANYTHING DIFFERENTLY WITH MY HEALTH INFORMATION NOW THAN YOU DID BEFORE HIPAA?**

Actually, we are going to guard your medical information even more closely. We have developed policies and procedures for our staff throughout Eye Center of Texas to follow to make certain your medical information is shared only with those needing your information for treatment, payment, or healthcare operations.

**7. IS THIS HIPAA NOTICE AND ACKNOWLEDGEMENT FORM ONLY FOR EYE CENTER OF TEXAS?**

Yes; however, all healthcare organizations such as hospitals, physician offices, outpatient surgery centers, and home care or hospice care services are subject to HIPAA effective April 14, 2003. These other organizations will have their own Notice and acknowledgment form you will need to sign when you receive services from them.

**8. AFTER I SIGN THIS ACKNOWLEDGEMENT FORM, THEN WHAT HAPPENS?**

We will place your form in your medical record and note your choice in our computer system once our new patient care information system is installed throughout our system later this year. In the meantime, when you return for the same type of service or another service here at Eye Center of Texas we will need to ask you if you have received our HIPAA Privacy Notice. Since you have received one today you just need to let us know then that you already have one.

**9. WHAT AM I GOING TO BE PAYING OUT BECAUSE OF SIGNING?**

Signing our HIPAA Privacy Notice acknowledgment form has NO bearing on your current payment arrangements.

**10. AM I EXPECTED TO SIGN THIS ACKNOWLEDGEMENT FORM WITHOUT READING THE PRIVACY NOTICE?**  
Yes. You are simply going on record that you have the Privacy Notice which we are required by law that is the Health Insurance Portability & Accountability Act, to provide. Your signature does not indicate that you have read the Notice and agree with everything that is in it.