



**PATIENT ACKNOWLEDGMENT OF HAVING READ OR BEEN READ  
THE NOTICE OF PRIVACY PRACTICES**

I have been provided the opportunity to read, or it has been read to me, the Notice of Privacy Practices at the Ullman Eye Consultants.

I understand that the Ullman Eye Consultants is committed to treating and using protected health information about me responsibly.

I understand my rights as it relates to my records at Ullman Eye Consultants and understand how information about me may be used and disclosed.

I understand that my health record is the physical and legal property of Ullman Eye Consultants, but the information belongs to me. I may have access to inspect, amend, or obtain a copy of my health information. Costs will incur for copies of my records, and written requests must be made with the Privacy Officer to inspect, access or possibly amend my health information.

I understand that Ullman Eye Consultants is required to maintain the privacy of my health information. Ullman Eye Consultants will require my authorization to release my health information to outside sources with the exception of disclosures for purposes of treatment, payment and healthcare operations. These may include access to my health information by Ullman Eye Consultants staff and physicians; billing to me or a third-party payer; in addition, business associates of Ullman Eye Consultants may have access to my health information. I am assured that proper business associates agreements are in place, insuring the protection of my health information. Upon the physician's best judgment, we may disclose to a family member, relative or close personal friend or any other persons you identify, health information relevant to that person's involvement in my care. Health information may be used for research data, organ procurement, marketing, FDA, public health or legal authorities; and or law enforcement purposes.

Ullman Eye Consultants may call or write me with appointment reminders, cancellations and may leave voice mail messages at my home or place of employment.

I have read and understand the Health Information Practices of the Ullman Eye Consultants.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness