



**Acknowledgement of Receipt of Notice of Privacy Practices**

I acknowledge that I have been made aware of the Eye Center of Southern Connecticut, P.C.'s Privacy Practices and HIPAA regulations that are posted in the reception area. I am aware that if I have any questions or concerns regarding my personal health information, I can speak to the Compliance Officer or the Office Supervisor.

I give Eye Center of Southern Connecticut, P. C. permission to secure any of my medical records for the purpose of treating me and to communicate with my primary care physician or other referring medical providers involved with managing my medical care. I also agree that Eye Center of Southern Connecticut, P.C. can release my medical records to accrediting or regulatory agencies that request my records if the law permits those agencies to access my records. I also give permission to disclose my health information to a designated relative (or any person I identify below) that is directly involved in my health care or who has responsibility for payments. For billing purposes, I authorize Eye Center or its related entities to release to my insurer my information needed to secure payments related to the medical treatment I receive, as necessary.

In addition to the above entities the following person(s) may have access to my medical information, if needed:

- 1. Name and relationship to patient: \_\_\_\_\_
- 2. Name and relationship to patient: \_\_\_\_\_

If there is any part of your medical record that you would like to be restricted from any particular individual(s) other than parties that are responsible for treatment, payment, and health care operations please list below:

Item(s) to be restricted: \_\_\_\_\_

I also understand that I am entitled to receive updates if the Eye Center's Notice of Privacy Practices is amended or changed in a material way.

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

Acknowledgement was not obtained due to \_\_\_\_\_

Staff signature \_\_\_\_\_ Date \_\_\_\_\_

Questions regarding this or any of our HIPAA policies may be directed to our Compliance Officer at (203) 248-6365 or at [www.hhs.gov/ocr/hipaa](http://www.hhs.gov/ocr/hipaa).

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Hamden, CT 06518  
Tel 203.248.6365

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Branford, CT 06405  
Tel 203.483.2000

415 Highland Avenue  
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