

PATIENT ACKNOWLEDGEMENT OF UNDERSTANDING OF PRIVACY PRACTICES

Designs (ED) to us	CCCG), Medical Eye Asse my personal health inf	authorize the Eye Center of ssociates (MEA), and Eye formation to provide health take care of other health
Practices," available http://www.myeyecontains additional protect a patient's proving Notice before signing I also specifically aut	e for review at the offenter.com/pdfs/Notice of information about the privacy. I understand that by this Acknowledgement.	led the "Notice of Privacy ice, as well as online at for Privacy Practices.pdf. It policies and practices that I have the right to read this ED to discuss my personal
health information w	ith the following individu	als:
NAME:	RELATIONSHIP:	PHONE NUMBER(S):
PATIENT'S SIGNATURE (OR GUARDIAN'S SIGNATURE)	DATE
Name of Legal Guardian (if a	pplicable) Relation	nship to Patient