Amanda Morris, OD and Associates
905 Cedar Creek Grade, Suite 100, Winchester, VA 22601
(540)665-0541

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

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

- Conduct, plan and direct my treatment and follow-up among the multiple healthcare providers who may be involved in that treatment directly and indirectly.
- Obtain payment from third-party payers.
- Conduct normal healthcare operations such as quality assessments and physician certifications.
- Amanda Morris, OD and Associates uses an Electronic Health Record (EHR) system. All patients receive login credentials that grant access to their medical records. Our office is committed to protecting the privacy and security of your health information. All information is securely transferred to the EHR system, following HIPAA regulations.

I understand that this organization has the right to change its *Notice of Privacy Practices* from time to time and that I may contact this organization at any time 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. I also understand you are not required to agree to my requested restrictions, but if you do agree then you are bound to abide by such restrictions.

<u>PATIENT RELEASE OF INFORMATION</u>

Please indicate names of family members, caregivers, or friends to whom we may release your medical information, such as test results or examination findings.

1)_____

2)_____

3)_____

4) Should our office have to leave a detailed message, we can leave it on:

ANSWERING MACHINE: YES   NO

VOICEMAIL: YES   NO

Patient Name: _____

Signature: _____

Relationship to Patient: _____

Date: _____

---Office use only ---
I attempted to obtain the patient's signature in acknowledgement of this *<u>NOTICE OF PRIVACY ACKNOWLEDGEMENT,</u>* but was unable to do so as documented below:
Date: Initials: Reason: