

NOTICE OF PRIVACY PRACTICES {HIPAA}

INSURANCE FILING

PATIENT ACKNOWLEDGEMENT FORM

Our Notice of Privacy Practices {"Notice"} provides information about:

- 1} The privacy rights of our patients; and
- 2} how we may use and disclose protected health information about our patients.

Federal regulation requires that we give our patients or their authorized representatives our Notice before signing this acknowledgment.

By signing this form, you are only acknowledging that you have been offered a copy of Greeley Eyecare Center's Notice of Privacy Practices.

_____ I **DO** request a copy of the NPP

_____ I **DO NOT** request a copy of the NPP

SIGNATURE ON FILE

RESPONSIBILITY STATEMENT:

Your insurance is a method for you to receive benefits or reimbursement of fees for physician or material services rendered. Having insurance is not a substitute for payment. It is your responsibility to know your insurance and pay in advance any co-pays, deductible, or any other balances not covered by your plan. We will do everything we can to assist you in verifying your coverage **PRIOR** to your appointment if provided with the proper information. However, should you choose to keep your appointment without obtaining prior authorization, any services rendered or materials ordered will be your responsibility to pay for personally and then collect directly from your insurance company. Thank You

IN SIGNING THIS STATEMENT YOU AGREE TO BE FINANCIALLY RESPONSIBLE FOR ALL CHARGES

I authorize any holder of medical information about me to release to the Greeley Eyecare Center any information needed to determine benefits payable for related services. This assignment will remain in effect until revoked by the healthcare provider in writing. A photocopy of assignment is considered to be as valid as the original.

Signature of patient or authorized Representative

Date