



NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

In accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), which became effective on April 14, 2003, we are required to provide you a copy of our "Notice of Privacy Practices," before Excel Eye Center, Excel Cosmetic Surgery Center, or Excel Optical can use or disclose your private health information for any purpose involving treatment, payment or health care operations.

I, _____ (full name of patient),
_____ (date of birth), acknowledge that I received a copy of the Notice of Privacy Practices (NPP) to read and review.

Please list any family members we may discuss your treatment, condition, or billing information with:

Name:	DOB:	Phone #:
_____	_____	_____
_____	_____	_____
_____	_____	_____

May we leave a message on your answering machine concerning your treatment, test results, or appointment reminders? _____ Yes _____ No

(Signature of Patient or patient representative)

(Date)

(Printed name of Signature- if other than patient)

(Date)