EXCEL EYE CENTER

EXCEL COSMETIC SURGERY CENTER

Notice of Privacy Practices Acknowledgement

In accordance with the Health Insurance Portability and Accountability Ace 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 purposes involving treatment, payment or health care operations.

Due to the HIPAA Compliance Privacy Laws of the Federal Government, it is mandatory that we ask you to review and answer the following questions listed below.

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 particular person or family members that you authorize to receive and discuss information regarding your personal health information (general information, surgical, and billing).

Name and Relationship	DOB	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

May we leave messages/detailed medical information on voicemail concerning you treatment, test results, or appointment reminders? _____Yes _____No

I hereby authorize Excel Eye Center to obtain or release any and all pertinent information regarding my medical care, as needed, to assist in my ongoing treatment to or from other health care providers, laboratories, radiology facilities or other institutions. This authorization remains in effect until revoked.

I have reviewed the aforementioned information and provide my consent regarding any and all the issues as stated above.

I have received Notice of HIPAA Privacy Policy. A copy of the policy will be provided to me upon request.

_____ _____

(Signature of patient or patient representative) (Date)

_____ _____

(Printed name of Signature if other than patient) (Relationship to Patient)