

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

HIPAA

Susan M. Longar, M.D., A.P.C.

Per HIPAA guidelines, a copy of the Notice of Privacy Practices for this practice is available in the reception area. A copy of the policy in its entirety is available at your request.

Patient Name: _____

Signature: _____

Print Name: _____

(if not signed by patient)

Relationship to Patient: _____

Date: _____

Phone Number: _____

As part of the HIPAA privacy act, we ask that if you have any family members that you wish to speak with the doctors regarding your eye care, please list them below.

May we leave messages at home? YES NO

May we leave messages on a cell phone? YES NO

May we send you an appointment via the mail? YES NO