

**ATLANTIC EYE CENTER**  
**207 Stone Harbor Blvd**  
**CMCH, NJ 08210**  
**Phone: 609-465-1616 Fax: 609-465-3213**

**PLEASE PRINT THIS FORM, FILL IT OUT AND BRING IT INTO THE OFFICE AT YOUR NEXT APPOINTMENT.**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED, DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

**BY SIGNING THIS FORM, YOU ACKNOWLEDGE THAT YOU HAVE BEEN INFORMED THAT ATLANTIC EYE CENTER PROVIDES INFORMATION ABOUT HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION (PHI). WE ENCOURAGE YOU TO READ THE "NOTICE OF PRIVACY PRACTICES" LOCATED IN OUR LOBBY.**

**I HAVE BEEN GIVEN THE OPPORTUNITY TO ASK QUESTIONS ABOUT THE PRIVACY PRACTICES. I HAVE BEEN GIVEN THE OPPORTUNITY TO READ, ASK QUESTIONS AND TAKE HOME A COPY OF ATLANTIC EYE CENTERS PRIVACY PRACTICES.**

**ATLANTIC EYE CENTER MAY USE THE FOLLOWING METHODS OF COMMUNICATION REGARDING INFORMATION RELATED TO MY PERSONAL HEALTH, TREATMENT, OR PAYMENT FOR TREATMENT. I ACKNOWLEDGE I AM RESPONSIBLE FOR UPDATING THIS INFORMATION AS NECESSARY. THIS REQUEST SUPERCEDES ANY PRIOR REQUEST FOR METHODS OF COMMUNICATION I MAY HAVE MADE.**

**HOME PHONE:** \_\_\_\_\_

**WORK PHONE:** \_\_\_\_\_

**CELL PHONE:** \_\_\_\_\_

**REGARDING THE PHONE CHOICES ABOVE, ATLANTIC EYE MAY ONLY SPEAK TO THE FOLLOWING PERSON:**

\_\_\_\_\_

**QUESTIONS OR CONCERNS ABOUT OUR PRIVACY NOTICE OR PRACTICES SHOULD BE DIRECTED TO THE PRIVACY OFFICER AT (609) 465-1616.**

- ATLANTIC EYE CENTER MAY LEAVE A MESSAGE ON MY VOICEMAIL/ANSWERING MACHINE.
- ATLANTIC EYE CENTER MAY SPEAK TO ANYONE WHO ANSWERS THE PHONE.
- ATLANTIC EYE CENTER MAY LEAVE A MESSAGE FOR ME AT MY WORK PHONE NUMBER

**INABILITY TO OBTAIN ACKNOWLEDGEMENT, TO BE COMPLETED ONLY IF NO SIGNATURE IS OBTAINED:**

- PATIENT LACKS THE ABILITY TO UNDERSTAND THE NOTICE OF PRIVACY PRACTICES.

**PRINTED NAME OF PERSON SIGNING CONSENT:** \_\_\_\_\_

**THE UNDERSIGNED STATES THAT HE OR SHE HAS HAD THE OPPORTUNITY TO READ, UNDERSTANDS AND ACCEPTS THE ABOVE NOTICE:**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**WITNESS:** \_\_\_\_\_