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Anderson Eyecare
"Clearly Focused on You"

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Acknowledgement of Privacy Policies and Practices

I understand that in an attempt to protect the privacy of my Personal Identifiable Health Information (also known as PHI), Anderson Eyecare has established a Privacy Policy and guidelines for Privacy Practice within their office. This information details the use and/or disclosure of information contained in my personal medical/optometric records kept for the purposes of diagnosis, treatment, payment and health care operations. In accordance with HIPAA Regulations, a copy of the Anderson Eyecare Privacy Policy and Practices has been made available to me while in the office today. Should I choose to have a personal copy; one will be given to me at no charge.

- I have read, understand and acknowledge the Privacy Policy and Practices at Anderson Eyecare.
- I have elected not to read the Privacy Policy and Practices at Anderson Eyecare
- A copy of the Anderson Eyecare Privacy Policy and Practices was given to me today.

I hereby authorize the following person(s) to have access to my financial and medical records.

Name: _____

Relationship: _____

Name: _____

Relationship: _____

Name: _____

Relationship: _____

Signature

Date