

HIPAA - ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

By signing this acknowledgement of Receipt of Notice of Privacy Practices (the "Notice"); I acknowledge and agree that I have received a copy of the Notice of Privacy Practices for review and to keep for my records on the date identified below. I understand that Vision Source Trophy Club may use and disclose necessary personal health information to another party to allow Vision Source Trophy Club to perform its administrative duties, provide me with eye care services and products, process my insurance benefit claims, and communicate with me regarding vision care services provided by Vision Source Trophy Club. I can be assured that Vision Source Trophy Club does not sell my personal health information of any kind to a third party for such party's own use.

I have read, understood, and agree to abide by each aspect of the HIPAA Agreement.

I have read, understood, and agree with the notice of Private Practices.

Patient / Guardian Signature

Date