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**PATIENT ACKNOWLEDGEMENT
OF HAVING READ OR BEEN READ THE
NOTICE OF HEALTH INFORMATION PRACTICES**

I have been provided the opportunity to read, or it has been read to me, the Notice of Health Information Practices at Eye Care of Maine. I understand that Eye Care of Maine is committed to treating and using protected health information about me responsibly.

I understand my rights as it relates to my records at Eye Care of Maine and understand how information about me may be used and disclosed.

I understand that my health record is the physical and legal property of Eye Care of Maine, but the information belongs to me. I may have access to inspect, amend, or obtain a copy of my health information. Costs may be incurred for copies of my records, and appointments must be made with the Privacy Officer to inspect, access, or amend my health information. I understand that Eye Care of Maine is required to maintain the privacy of my health information. Eye Care of Maine will require my authorization to release my authorization to release my health information to outside sources except for disclosures for purposes of treatment, payment, and healthcare operations. These may include: access to my health information by Eye Care of Maine staff and physicians; billing to myself or a third party payer; in addition, business associates of Eye Care of Maine, may from time to time, have access to my health information, but, I am assured that proper Business Associates Agreements are in place, insuring the protection of my health information; upon the physician's best judgement, we may disclose to a family member, relative or close personal friend or any other persons you identify, health information relevant to that person's involvement in my care; funeral directors; FDA; public health or legal authorities; and/or law enforcement purposes. Eye Care of Maine may call, text, and/or email me with appointment reminders, cancellations and may leave a voicemail message at my home or place of employment.

I understand that text messages are not a secure form of communication, but nonetheless consent to being notified of appointments by text message.

I have read and understand the Health Information Practices of Eye Care of Maine.

Patient Name

Patient Account Number

Patient Signature

Date