

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE AND
CONSENT TO USE AND DISCLOSE HEALTH INFORMATION**

Read before signing the Acknowledgement and Consent

This acknowledgment of notice and consent authorizes Dailey Harvey Eye Associates to use and disclose health information about you for treatment, payment, and health care operations purposes.

Notice of Privacy Practices. Dailey Harvey Eye Associates has a Notice of Privacy Practices, which describes how we may use and disclose your protected health information and how you can access your protected health information and exercise other rights concerning your protected health information. You may review our current notice prior to signing this acknowledgement and consent.

Amendments. We reserve the right to change our Notice of Privacy Practices and to make the terms of any change effective for all protected health information that we maintain, including information created or obtained prior to the date of the effective date of the change. You may obtain a revised notice by submitting a written request to our Privacy Officer.

How to contact our Privacy Officer

Mail to: Dailey Harvey Eye Associates, Attention: Privacy Officer
1857 Center Street, Camp Hill, PA 17011
Telephone: 717.761.3011
Facsimile: 717.761.5347

Acknowledgement and Consent

Print or type all information except the signature.

Upon my request, the Notice of Privacy Practices for Dailey Harvey Eye Associates will be made available to me. Dailey Harvey Eye Associates is authorized to use and disclose health information about _____ (patient name) for treatment, payment, and healthcare operations purposes consistent with its Notice of Privacy Practices.

Signature of Patient
(or patient's personal representative)

Date

This section must be completed

- Yes, I understand that my personal representative has full access to my medical records and to my financial history at Dailey Harvey Eye Associates.
- No, I do not want any person, other than myself, to have access to my medical records or my financial history at Dailey Harvey Eye Associates.

Personal representative information (if applicable):

Name of personal representative

Relationship to patient (or other authority)