



MANHIRE OPTICIANS ▼ DR. SUSAN FREED-GILVEY

PRACTICE REQUIREMENTS

- A) The Practice: Is required by federal law to maintain the privacy of your *PHI and to provide you with this Privacy Notice detailing the Practice's legal duties and privacy practices with respect to your *PHI.
- B) Under the Privacy Rule, may be required by State law to grant greater access or maintain greater restrictions on the use or release of your *PHI than that which is provided for under federal law.
- C) Is required to abide by the terms of this Privacy Notice.
- D) Reserves the right to change the terms of this Privacy Notice and to make the new Privacy Notice provisions effective for all of your *PHI that it maintains.
- E) Will distribute any revised Privacy Notice to you prior to implementation.
- F) Will not retaliate against you for filing a complaint.

*PHI stands for *Protected Health Information*.

Effective Date

This Notice is in effect as of 04/15/2003.

PATIENT ACKNOWLEDGEMENT

By subscribing my name below, I acknowledge receipt of a copy of this Notice, and my understanding and my agreement to its terms.

Patient Signature

Date