

Acknowledgement of Receipt

**Please initial each section then sign and date at the bottom.*

●Receipt of Notice of Privacy Practices

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 the Image Eye Care (IEC) may use and disclose necessary personal health information (for example, my name, address, subscriber identification number, eye exam information and/or type of products provided) to another party to permit IEC to perform its administrative duties, provide me with eye care services and products, process vision benefit claims and communicate with me regarding vision care services provided by IEC (for example, mailings of exam reminders or information about services/products provided by IEC).

I can be assured that IEC does not sell my personal health information of any kind to a third party for such party's own use. I acknowledge and agree that IEC may submit my vision benefit claims to my plan sponsor or health plan to receive reimbursement directly for the services and products that I have received from IEC.

_____ Initial

●Receipt of Refund Policy

I acknowledge that I have been presented with a copy of Image Eye Care's Return policy.

_____ Initial

●Receipt of Payment Policies

I acknowledge that I have been presented with a copy of Image Eye's Payment policies.

_____ Initial

●Receipt of Understanding Third-Party Benefits

I acknowledge that I have been presented with a copy of Image Eye's Understanding Third-Party Benefits.

_____ Initial

Patient's Signature (or Patient's Legal Representative)

Date

Refusal of Acknowledgement

For IEC use only. This section is to be completed only if unable to obtain the patient or patient's legal representative's written acknowledgement of receipt of the Notice of Privacy Practices, Refund Policy, Payment Policies or Understanding Third-Party Benefits for the following reasons:

_____ (Please initial here) Patient or Patient's legal representative refused to sign.

_____ (Please initial here) Other (Please specify, e.g., emergency):

Staff Member's Signature

Date