

Hoover Vision Center, Inc.

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Birmingham, AL 35244
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Contact person: Medical Records Clerk

ACKNOWLEDGEMENT OF PRIVACY POLICY AND PRACTICES

I understand that in an attempt to protect the privacy of my identifiable health information, Hoover Vision Center, Inc. (HVC) has established a *Privacy Policy* and guidelines for *Privacy Practices* within their offices. This information details the use and/or disclosure of information contained in my personal medical/optometric records kept for the purposes of diagnosis, treatment, payment and health care operations. In accordance with HIPPA Regulations, a copy of the *EHP Privacy Policy & Practices* has been made available to me while in the office today. Should I choose to have a personal copy, one will be given to me at no charge.

I have read, understand and acknowledge the *Privacy Policy* and *Practices* of HVC.

I have elected not to read the *Privacy Policy* and *Practices* of HVC.

A copy of the HVC *Policy* and *Practices* was given to me today.

Signature

Today's Date