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RECEIPT OF NOTICE OF PRIVACY PRACTICES

I understand that Infocus Eye Care, from here on referred to as Infocus, will use and disclose health information about me.

My health information may include information both created by and received by Infocus, may be in the form of written or electronic records or spoken words and may include information about my health history, health status, test results, diagnoses, treatments, procedures, prescriptions and similar types of health-related information.

I also understand that I have the right to receive and review a written description of how Infocus will handle health information about me. This written description is known as a **Notice of Privacy Practices** and describes the uses and disclosures of health information made and the information practices followed by the employees, staff and other office personnel of Infocus and my rights regarding my health information.

I understand that the **Notice of Privacy Practices** may be revised from time to time, and that I am entitled to receive a current version of Infocus' **Notice of Privacy Practices**. I also understand that a copy or summary of the most current version of Infocus' **Notice of Privacy Practices** in effect will be available in the lobby / reception area and available on the website, if applicable.

I understand that I have the right to ask that some or all of my health information not be used or disclosed in the manner described in the **Notice of Privacy Practices** and I understand that Infocus is not required by law to agree to such requests.

By signing below, I agree that I have reviewed and understand the information above and that I have been offered a copy of the **Notice of Privacy Practices**.

Patient's Name _____
Please Print

Patient's Signature _____ Date _____

Witness _____ Date _____