

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

Read before signing the Acknowledgement and Consent

This acknowledgement of notice and consent authorizes Oxford Family Eyecare to use and disclose health information about you for treatment, payment and health care operations purposes.

**Notice of Privacy Practices.** Associates at Oxford Family Eyecare have 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:**

**Oxford Family Eyecare  
49 South Second Street  
Oxford, Pa. 19363**

**Telephone: 610-932-9356      Facsimile: 610-932-3097**

**Acknowledgement and Consent**

I have received the notice of Privacy Practices for Oxford Family Eyecare. Oxford Family eyecare is authorized to use and disclose health information for \_\_\_\_\_ (patient name) for treatment, payment and healthcare operations purposes consistent with its Notice of Privacy Practices.

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Patient

Or patient's personal representative