

## Notice of Privacy Practices Acknowledgment and Consent

COVERING THE FOLLOWING PHYSICIAN PRACTICES AND PROVIDERS:

- Koch Eye Associates, LLP
- Candescant Eye Surgicenter, LLC (dba St James Surgery Center)
- Eye Health Associates, LLC (dba Eye Health Vision Center)
- Eye Health Associates of Rhode Island, LLC (dba Eye Health Vision Center)
- Candescant Eye Health Surgicenter, LLC (dba Greater New Bedford Surgery Center)

By signing below, I acknowledge that I have been provided a copy of the Notice of Privacy Practices and have therefore been advised of how health information about me may be used and disclosed by the medical group listed at the beginning of this Notice, and how I may obtain access to and control of this information.

By signing below, I also consent to the use and disclosure of my health information to treat me and arrange for my medical care, to seek and receive payment for services given to me, and for the business operations of the medical group, its staff, and its business associates.

\_\_\_\_\_  
Signature of Patient or Personal Representative

\_\_\_\_\_  
Print Name of Patient or Personal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Description of Personal Representative's Authority