

**FICHTE ENDL & ELMER EYECARE  
PATIENT ACKNOWLEDGEMENT OF HAVING READ OR BEEN READ THE  
NOTICE OF PRIVACY PRACTICES**

I have been provided the opportunity to read, or it has been read to me, the Notice of Privacy Practices at Fichte, Endl & Elmer Eyecare.

I understand that Fichte, Endl & Elmer Eyecare is committed to treating and using protected health information about me responsibly.

I understand my rights as it relates to my records at Fichte Endl & Elmer Eyecare and understand how information about me may be used and disclosed.

I understand that my health record is the physical and legal property of Fichte Endl & Elmer Eyecare, but the information belongs to me. I may have access to inspect, amend or obtain a copy of my health information. Costs will incur for copies of my records, and appointments must be made with the Privacy Officer to inspect, access or amend my health information.

I understand that Fichte Endl & Elmer Eyecare is required to maintain the privacy of my health information. Fichte Endl & Elmer Eyecare will require my authorization to release my health information to outside sources with the exception of disclosures for purposes of Treatment, Payment and Healthcare Operations. These may include: access to my health information by Fichte Endl & Elmer Eyecare staff and physicians; billing to myself or a third-party payer; in addition, business associates of Fichte Endl & Elmer Eyecare, may from time to time, have access to my health information, but, I am assured that proper Business Associates Agreements are in place, insuring the protection of my health information; upon the physicians best judgment, we may disclose to a family member, relative or close personal friend or any other persons you identify, health information relevant to that person's involvement in my care; may be used for research data; funeral directors; organ procurement; marketing; FDA; public health or legal authorities; and or law enforcement purposes.

Fichte Endl & Elmer Eyecare may call, write or email me with appointment reminders, cancellations and may leave messages at my home or place of employment.

I have read and understand the Notice of Privacy Practices of Fichte Endl & Elmer Eyecare.

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Patient Signature

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Date

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Witness