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PATIENT ACKNOWLEDGEMENT OF HIPAA & HIE PRIVACY PRACTICES

We are required by federal and state law to maintain the privacy of your health information. We are aware of these responsibilities and will carry them out without hesitation. We are also required to give you a notice about our privacy practices, our legal duties and your rights concerning your health information. If you would like the complete Notice of Privacy Practices, please ask our front desk staff.

I understand my rights and understand that the doctors and staff of Eye Center of The North Shore will respect my rights and carry out their responsibilities within the guidelines of the law.

I give consent to share and allow access of my medical records to participating health care professionals through Healthnet Information Exchange.

Patient's Name (Please Print)

Date of Birth

Patient's Signature

Signature of Parent, Guardian or Authorized Representative

Date