

EYE SURGERY CENTER OF NORTHERN CALIFORNIA

ACKNOWLEDGEMENT OF RECEIPT OF THIS NOTICE OF PRIVACY

PRACTICES AND PATIENT BILL OF RIGHTS

By Signing below, you:

- Acknowledge that you have been informed of the Privacy Practices and Patient Bill of Rights
- Acknowledge that you have access to a copy of these documents in the center.

Name of Patient (please print)

Signature of Patient or Personal Representative

Date

If personal Representative's signature appears above, please describe relationship to the patient:

I give my permission for employees of Nvision / Meister Eye & Laser and/or the Eye Surgery Center of Northern California to discuss my personal medical information and/or financial insurance information as necessary to the following people. (Family / Friends)

_____ relationship _____

_____ relationship _____

_____ relationship _____

I do not want any personal medical or financial information given to anyone other than myself.

Signature of Patient

Date

References Available on the Internet:

www.hospitalconnect.com/aha/about/pbillofrights.html

www.isrs.org

NOTICE TO CONSUMERS

MEDICAL DOCTORS ARE LICENSED AND REGULATED BY THE

MEDICAL BOARD OF CALIFORNIA

(800) 633-2322

www.mbc.ca.gov