

Lee Eye Surgery Clinic

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Patient Acknowledgement of Receipt of Privacy Notice

The Lee Eye Surgery Clinic Notice of Privacy Practices (the "Notice") provides information about how Lee Eye Surgery Clinic ("Eye Clinic") may use and disclose protected health information about you. You have the right to review the Notice before signing this acknowledgement. A copy of the current Notice is posted in the waiting room. The Notice contains on the first page, in the top right-hand corner, the effective date. As provided in our Notice, the terms of our Notice may change.

You have the right to request that we restrict how protected health information about you is used or disclosed for treatment, payment or health care operations. You are not required to agree to this restriction, but if you do, we are bound by our agreement.

By signing this form, you acknowledge receipt of the Eye Clinic Privacy Notice.

Signature (and relationship if not patient)

Date

Witness