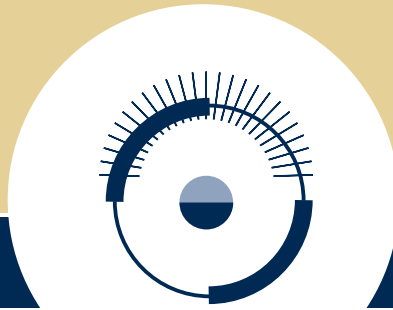


1815 State Street  
Watertown, NY 13601  
315.788.6070

7785 N. State Street  
Lowville, NY 13367  
315.376.5206

77 W. Barney Street  
Gouverneur, NY 13642  
315.287.3638

301 Ford Street  
Ogdensburg, NY 13669  
315.393.7171



**ACKNOWLEDGEMENT OF RECEIPT**

**TOLL FREE: 877-454-EYES**

**CENTER FOR SIGHT**

WATERTOWN EYE CENTER

**CONSENT TO THE USE AND DISCLOSURE OF  
HEALTHCARE INFORMATION FOR TREATMENT AND/OR PAYMENT**

NAME \_\_\_\_\_ D.O.B. \_\_\_\_\_  
(PLEASE PRINT)

**Per the HIPAA privacy, I understand that I have the right to request restrictions as to how my healthcare information may be used or disclosed.**

I wish to be contacted in the following manner:

- Home Telephone \_\_\_\_\_
  - OK to leave message with detailed information
  - Leave message with a call-back number only
- Written Communication
  - OK to mail to my home address
  - OK to mail to my work/office address
  - OK to fax to this number
- Work Telephone \_\_\_\_\_
  - OK to leave message with detailed information
  - Leave message with a call-back number only
- Other \_\_\_\_\_

**ACKNOWLEDGEMENT OF RECEIPT**

By signing this form you acknowledge receipt of the Notice of Privacy Practices of the Watertown Eye Center. It provides Information on how we may use and disclose your protected information.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_