

Orgain Family Vision
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Acknowledgement of Privacy Policy and Practices

I understand that in an attempt to protect the privacy of my identifiable health information, Dr. Orgain has established a Privacy Policy and guidelines for Privacy Practices within his office. This information details the use and/or disclosure of information contained in my personal medical/optometric records kept for the purposes of diagnosis, treatment, payment and health care operations. In accordance with HIPAA regulations, a copy of the Notice of Privacy Practices has been made available to me while in the office today. Should I choose to have a personal copy one will be given to me at no charge.

- ☐ I have read, understand, and acknowledge the Notice of Privacy Practices of Dr. Orgain.
- ☐ I have elected not to read the Notice of Privacy Practices of Dr. Orgain.
- ☐ A copy of the Notice of Privacy Practices for Dr. Orgain was given to me today.

Signature

Today's Date