

Benjamin Reinherz DO PA

Vitreoretinal Disease and Surgery

HIPAA Privacy - Acknowledgment of Receipt of Privacy Notice

Benjamin Reinherz DO PA has a legal duty to maintain the privacy and security of patient health information. All members of our staff understand and follow the duties and privacy practices outlined in the HIPAA privacy practices policy.

I understand that Benjamin Reinherz DO PA, and staff may use and disclose necessary personal health information (for example, my name, address, subscriber identification number, eye exam information and accounting information) to another party to permit Benjamin Reinherz DO PA and staff to perform its administrative duties, provide me with eye care services and products, process my vision and eye medical benefit claims and communicate with me regarding vision and eye health care services provided by Benjamin Reinherz DO PA and staff.

I can be assured that Benjamin Reinherz DO PA and staff do not sell my personal health information of any kind to a third party for such party's use.

By signing this Acknowledgement of Receipt of Notice of Privacy Practices, I acknowledge and agree that I have read and can receive a copy of the Notice of Privacy Practices for review and to keep for my records on the date identified below. I also acknowledge that I agree to allow Benjamin Reinherz DO PA and staff to use my personal health information in any way necessary for consultation, treatment, payment, or in preparing statements or reminders to be sent to me.

Patient Name
Signature
Date

