



Dr. Mark Blasbalg
Dr. Liane Prytula
Optometrists
1193 Tiogue Avenue, Coventry RI 02816
Ph: (401) 823-8200
Fax: (401) 826-8708

HIPAA-ACKNOWLEDGEMENT OF RECEIPT
NOTICE OF PRIVACY PRACTICES

We at Acuity Vision & Eyewear Center are required by law to maintain the privacy of and provide individuals with a Notice of our legal duties and privacy practices with respect to protected health information. If you have any objections to the Notice, please ask to speak with our HIPAA Compliance Officer in person or by phone at our main phone number. If you would like a copy of the notice, please ask.

I hereby acknowledge that I have reviewed the HIPAA Notice of Privacy Practices document effective August 1, 2018.

Patient Name (please print): _____

Patient Date of Birth: _____

Signature of Patient or Guardian: _____

Date: _____

If you would like to authorize us to discuss your medical information/findings with another person, please list their name, relationship, (and contact number if necessary) below. Please note, without this consent we are not permitted by law to discuss or confirm ANYTHING relating to your care or treatment with another person, regardless of relationship.

Name(s): _____

Relationship to Patient: _____

Contact Number (if necessary): _____



Dr. Mark Blasbalg
Dr. Liane Prytula
Optometrists
1193 Tiogue Avenue, Coventry RI 02816
Ph: (401) 823-8200
Fax: (401) 826-8708

24 HOUR CANCELLATION & "NO SHOW" FEE POLICY

Each time a patient misses an appointment without providing proper notice, another patient is prevented from receiving care. Therefore, Acuity Vision reserves the right to charge a fee of \$45.00 for all missed appointments ("no shows") and appointments which, **absent a compelling reason**, are not cancelled with a 24-hours advance notice.

Missed appointment fees will be billed to the patient. This fee is not covered by insurance, and must be paid prior to your next appointment. Multiple "missed appointments" in a 24 month period may result in termination from our practice, or a loss of ability to schedule future appointments (you may still call for any same-day openings, when available).

Thank you for your understanding and cooperation as we strive to best serve the needs of all of our patients.

By signing below, you acknowledge that you have received this notice and understand this policy.

Printed Name of Patient

Date

Signature of Patient/Guardian