

HIPPA PRIVACY

Acknowledgment of Receipt of Privacy Notice

By signing this acknowledgment of Receipt of Privacy Practices (the "Notice"); I acknowledge and agree that I have received a copy of the Notice of Privacy Practices for review and to keep for my records on the date I Identified below.

I understand that Premier Eyecare and/or Dr. James T. Lim may use and disclose necessary personal health information (for example, my name, address, subscriber identification number, eye exam information and/or type of products provided) to another party to permit Premier Eyecare and/or Dr. James T. Lim to perform its administrative duties, provide me with eye care services and products, process my vision benefit claims and communicate with me regarding vision care services provided by Premier Eyecare and/or Dr. James T. Lim (for example, mailing of exam reminders or information about services and products provided).

I can be assured that Premier Eyecare and/or Dr. James T. Lim will not sell my personal health information of any kind to a third party for each party's own use. I authorize Premier Eyecare and/or Dr. James T. Lim to submit my vision benefit claims to my plan sponsor of health plan to receive reimbursement directly for the vision services and products that I have received for Premier Eyecare and/or Dr. James T. Lim.

Signature

Date