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## ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

Our Notice of Privacy Practices provides information about how we may use and disclose protected health information about you for treatment, billing and healthcare operations.

You have the right to review our notice before signing this acknowledgement. You may obtain a copy by contacting Daniel Gerow (Privacy officer here at Winthrop Eye Center). Our privacy notice is also available to review on our website at [www.winthropeyecenter.com](http://www.winthropeyecenter.com). You understand that Winthrop Eye Center has the right to revise this notice at any time.

By signing this form, you acknowledgement receipt of our Privacy Notice and consent to our use and disclosure of protected health information.

You have the right to revoke this consent, in writing, except where we have already made disclosures in reliance on your prior consent.

\_\_\_\_\_  
Signature of Patient or Legal Representative

Name \_\_\_\_\_

Date \_\_\_\_\_

If signed by a legal representative, relationship to the patient \_\_\_\_\_