

Changes to This Notice:

We reserve the right to change our privacy practices and to apply the revised practices to health information about you that we already have. Any revision to our privacy practices will be described in a revised Notice that will be posted prominently in our facility. Copies of this Notice are also available upon request at our reception area.

Notice Revised and Effective: September 1, 2013

**Acknowledgement of Receipt**

I acknowledge that I received a copy of Bergamo Vision Notice of Privacy Practices.

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Signature: \_\_\_\_\_

I authorize Bergamo Vision to disclose my health information to the people listed below:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_