

Fairfield County Laser Vision  
2046 West Main Street, Suite 2  
Stamford, CT 06902

January 2015

RE: Acknowledgment of receipt of Privacy Policy

To Our Patients:

The physicians at Greenwich Ophthalmology Associates, P.C. and Fairfield County Laser Vision, LLC have always protected the confidentiality of health information by keeping medical records away from public view and getting permission in writing to release this information to the patient or others.

The federal government has recently published regulations designed to protect the privacy of your health information. This "HIPAA privacy rule" is in effect as of April 15, 2003. Our office had until this date to comply with the federal mandates.

With this letter you have been given our "Summary of Notice of Privacy Policy", explaining our office privacy policies in synopsis format. We have made this pamphlet available for you to read and take with you in compliance with the government mandate. This is a summary of our full privacy policy, which is available for your review in our waiting rooms and on our website ([www.greenwichecke.com](http://www.greenwichecke.com)). It contains important information about how your confidential health information will be handled by our offices. It also describes how you can exercise your rights with regard to your information.

Please let us know if you have any questions about our Notice of Privacy Policy. You may contact our privacy officer, Dr. Suresh Mandava, or discuss any questions you may have with your physician.

By signing below you acknowledge that you agree with our policies. This signed affidavit will be kept in your permanent records to comply with the government regulations.

Thank you for your cooperation.

\_\_\_\_\_

Patient or guardian

\_\_\_\_\_

Date

***For office use only:***

Signed form received by: \_\_\_\_\_