

BLUE RIDGE EYE CENTER, P.A. 530 BY.PASS 123. SENECA,
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SCOTT C. MASSIOS, M.D., F .A.C.S.

NOTICE OF PRIVACY PRACTICES

Acknowledgement of Receipt

By signing this form, you acknowledge receipt of the Notice of Privacy Practices of Blue Ridge Eye Center, P .A. Our **Notice** of Privacy provides information about how we may use and disclose your protected health information. We are required by federal law to obtain your acknowledgement that you have received this Notice .

If you have any questions about our Notice of Privacy Practices, please contact us as the telephone number listed above.

I acknowledge receipt of the Notice of Privacy Practices of Blue Ridge Eye Center, P .A.

Signature: _____
(Patient / Parent / Guardian)

Date: _____