



235 S. Elliott Rd  
Chapel Hill, NC 27514  
Dr. Scott Sikes & Dr. Laurel Gropper

## NOTICE OF PRIVACY PRACTICES SIGNATURE PAGE

**THE HIPAA NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. SIGNING BELOW INDICATES THAT YOU RECEIVED AND REVIEWED OUR NOTICES OF PRIVACY PRACTICES. PLEASE LET US KNOW IF YOU WOULD LIKE A COPY OF OUR HIPAA PRIVACY POLICY AND ONE WILL BE PROVIDED TO YOU.**

**Effective date of notice: April 14, 2003**

Please list anyone, by name and relation, that you would like to have access to your medical and financial records.

This includes family members, other doctors offices, etc.

example: John Doe - Father

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### Acknowledgement of Receipt

I acknowledge that I received a copy of Chapel Hill Eyecare Optometry PA's Notice of Privacy Practices.

Patient Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_