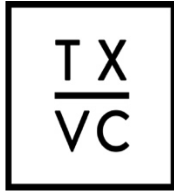


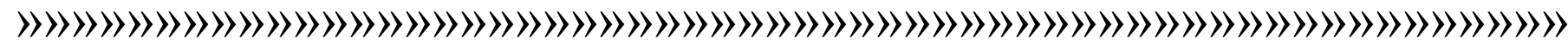
TEXAS VISION CLINIC

85 Loop 150 West
Bastrop, TX 78602
Phone: 512-321-2106
Fax: 512-332-0273

HIPAA – NOTICE OF PRIVACY PRACTICE

Law requires that Texas Vision Clinic make every effort to inform you of your rights related to your personal health records. The HIPAA notice of privacy protects how your information may be used or disclosed and how you may gain access to your personal health information. We will not release your information unless it directly involves your care. A full explanation of our policy is available upon request.

A copy of Texas Vision Clinic's Notice of Privacy Practice is made available to me and I agree with it. I have read or been shown this form and am voluntarily agreeing to the form.



NOTICE OF INSURANCE ACCEPTANCE

(Only applies to those using insurance)

At Texas Vision Clinic, we strive to understand, accept, authorize, and properly process your insurance benefits. Please be advised that if you are using insurance coverage, this is a contract between you and your insurance company, not Texas Vision Clinic. We will work diligently to resolve any possible difficulties with your insurance company. Ultimately, you are the responsible party for all services and products rendered.

By signing my name below, I acknowledge that I have read or had explained to me Texas Vision Clinic's Notice of Privacy Practice and agree to continue my care with Texas Vision Clinic under said terms.

____
Patient's Printed Name

X__________________________ ________________
Patient (Or Guardian of Patient) Signature Date