MEIER & MOSER
ASSOCIATES, P.C.

Comprehensive Family Eye Care

Stephen P. Meier, Jr., O.D.
Leigh A. Moser, O.D.

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGMENT FORM

I, ______________________________ (print name), acknowledge that I have been informed by Meier & Moser Associates of the existence of their HIPPA Notice of Privacy Practices document.

I also acknowledge that I have been offered a copy of this document.

I am voluntarily signing this acknowledgment form and that it is my right to refuse to sign this form.

NOTE: Medical treatment will not be refused if a patient does not wish to sign this Acknowledgment Form.

- The patient or legal representative will receive a copy of the signed Acknowledgment form.
- Should Meier & Moser Associates update/change their Notice of Privacy Practices, I, as the Patient or legal representative, understand I will be asked to sign a new Acknowledgment form.

SIGNATURES:

Patient/Legal Representative: ______________________________ Date ______________

Practice Representative: ______________________________ Date ______________

Leave appointment message on:

- ☐ Answering Machine
- ☐ Office Voice Mail
- ☐ Send through mail
- ☐ Other Family members (list below)
- ☐ Person(s) Authorized to speak with:

Release medical information, contact lenses/spectacles to:

- ☐ Spouse ______________
- ☐ Parents ______________
- ☐ Power of Attorney ______________
- ☐ Other ______________
- ☐ No One ______________

Emergency contact name/daytime phone#

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542 North Oak Street, Lititz, PA 17543 | Phone: 717.626.8300 | Fax: 717.626.0166
Email: eyecare@meierandmoser.com | Website: meiermoserassoc.com