

Morris Eye Care

Your Vision – Our Focus

223 West Main Street, Suite 202
263-3727

Boonton NJ 07005

Nicholas Apostolopoulos, MD

Eye Physician and Surgeon

P: (973) 263-2080 F: (973)

contact@morriseyecarenj.com

www.morriseyecarenj.com

HIPAA Acknowledgment & Consent Form

Patient Name: _____ **Date of birth:** _____

You have the right to read our Notice of Privacy Practices, which describes how we may use and disclose your protected health information which is available on our practice website www.morriseyecarenj.com or upon request from the office.

I have received and understand the Notice of Privacy Practices and by signing below, I am giving my consent to use my protected health information as stated.

HIPAA Release

I authorize the release of my protected health information, including diagnosis, examination, and claim information to the following:

Name: _____ **Relationship:** _____

Name: _____ **Relationship:** _____

Name: _____ **Relationship:** _____

Patient/Legal Guardian Signature

Date