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Located inside Paris Miki Optical at Crossroads Plaza

**Notice of Privacy Practices and Financial Responsibility
Acknowledgement**

Privacy Practices – We maintain a record of the health care services that we provide to you. We will share this information, as permitted by law, to provide your medical treatment, run our organization, and bill for these services. You have the right to view, obtain a copy, or amend the record if needed.

Our **Notice of Privacy Practices** describes in more detail your rights to your health information and how this information may be used and disclosed. Sharing of your health information is typically used to improve the continuity of care that you receive. Common examples include exchanging information with other health care organizations involved in your care. If you have questions, please ask us.

Financial Responsibility – You authorize payment directly to the provider for services rendered for any benefits available under your insurance, and you are financially responsible for non-covered services rendered. These may include charges for contact lens fitting, which is generally not provided as a benefit under a routine eye exam, and other charges. You acknowledge that we will file primary insurance as a courtesy, but account balances are ultimately your responsibility. You agree to pay for any charges not covered by insurance such as contact lens fitting fees or copayments, which are payable in full at the time of serve.

By my signature below, I acknowledge receipt of the Notice of Privacy Practices and Information about Contact Lens Fitting Charges, consent to care and accept financial responsibility for the patient listed below. I hereby authorize payment directly to the provider.

Patient Name _____ Patient DOB _____

Signature (of legal guardian if minor) _____ Date _____