



Privacy Practices Acknowledgement

By signing this form, you acknowledge that you have been informed that High Resort Eye Surgery Center (HRESC) provides information about how we may use and disclose your Protected Health Information (PHI). We encourage you to read the "Notice of Privacy Practices" located in our lobby and/or online. *If you would like a paper copy, please ask the receptionist.*

High Resort Eye Surgery Center (HRESC) may use the following methods of communication regarding information related to my personal health, treatment or payment for treatment. I acknowledge I am responsible for updating this information as necessary. This request supersedes any prior request for methods of communication I may have made.

HRESC may: Contact me by phone at home, work or cell as listed on my demographic information upon registration with High Resort Eye Surgery Center. The facility may also leave a message on my voice mail/answering machine. (Following our HIPAA practices disclosing PHI.)

If any questions or concerns should arise about our Privacy Notice or Practices, they should be directed to the Privacy Officer at Eye Associates of New Mexico at 505-246-2622

<https://www.hrescnm.com>