

Bluegrass Eye Center

JOHN A. DISTLER, M.D.
DISEASES & SURGERY OF THE EYE

ANNE C. HUNTINGTON, M.D.
DISEASES & SURGERY OF THE EYE

B. MATTHEW BLAIR, M.D.
DISEASES & SURGERY OF THE EYE

NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I have received the Practice's Notice of Privacy Practices and understand that my protected health information may be used by the Practice as described in the notice. Also, if applicable, the Practice may discuss my personal health information (PHI) with the following individuals:

Patients Name: _____

Patients Signature: _____

Date: _____

Louisville Location
4402 Churchman Avenue, Suite 306
Medical Center Plaza One
Louisville, Kentucky 40215
(502) 367-6137 • Fax (502) 367-4020

LaGrange Location
209 South First Street
LaGrange, Kentucky 40031
(502) 222-9447