



License # NJ: 27OA0554700
OM # NJ: 27OM00015000

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Privacy Information: This Practice will use and disclose your personal health information to treat you, to receive payment for the care we provide, and for the other healthcare operations. Healthcare operations generally include those activities we perform to improve the quality of care. We have prepared a detailed NOTICE OF PRIVACY PRACTICES to help you better understand our policies in regards to your personal health information. You have the right to review this notice prior to signing this acknowledgment. The terms of the notice may change with time and we will always post the current notice at our office, and have copies available for distribution. You may ask us to restrict the use and disclosure of your personal health information. However, we are not required to agree to such a request, but if we do agree, we are bound by law to the agreed upon restrictions.

I consent to the above.

I also consent to disclosure of my healthcare information to my family

☐ Spouse

☐ Parent(s)

☐ Other as listed

Patient or Patient's Personal Representative

Date