



**FAMILY
EYE CARE
& SURGERY**

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Notice of Privacy Policy

I understand that under the Health Insurance Portability and Accountability Act of 1996 (HIPPA), I have certain rights to privacy regarding my protected health information. I understand that this information may be used to:

- Conduct, plan, and direct my treatment and follow-up care among multiple healthcare providers who may be involved in that treatment either directly or indirectly.
- Obtain payment from 3rd party payers.
- Conduct normal healthcare assessments and physician certifications. I understand I may request in writing how my private information is used or disclosed to carry out treatment, payment, or other healthcare operations. I have read and understand this Notice of Privacy Policy.

Name

Date