



Matthew J. Swanic, M.D.

9555 S. Eastern Avenue
Suite 250
Las Vegas, NV 89123

702.816.2525
702.586.3562 Fax
lveyeinstitute.com

I hereby acknowledge that I understand that the federal government has established the "HIPAA Privacy Act" effective April 14, 2003. I also understand the Privacy act describes how medical information about me may be used and disclosed. I can designate another person(s) to receive this information in addition to myself. I, at this time, designate the following person(s) to have any and all of the information regarding my health, appointments and medications (Please include name and relationship):

_____ I have declined to have a copy of the Private Practice Policy.

_____ I have received a copy of the Private Practice Policy.

Patient Signature: _____

Date: _____

Employee: _____