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KungEye.com

**Staten Island Ophthalmology, PC
Academic Eye Center, PA**

**NOTICE OF PRIVACY PRACTICES
PATIENT ACKNOWLEDGEMENT**

I have received this practice's Notice of Privacy Practices written in plain language. The Notice provides in detail the uses and disclosures of my protected health information that may be made by this practice, my individual rights and the practice's legal duties with respect to my protected health information. The Notice includes:

1. A statement that this practice is required by law to maintain the privacy of protected health information.
2. A statement that this practice is required to abide by the terms of the notice currently in effect.
3. Types of uses and disclosures that this practice is permitted to make for each of the following purposes: treatment, payment, and health care operations.
4. A description of each of the other purposes for which this practice is permitted to use or disclose protected health information without my written consent or authorization.
5. A description of uses and disclosures that are prohibited or materially limited by law.
6. A description of other uses and disclosures that will be made only with my written authorization and that I may revoke such authorization.
7. My individual rights with respect to protected health information and a brief description of how I may exercise these rights in relation to:
 - 7.1 The right to complain to this practice and to the Secretary of HHS if I believe my privacy rights have been violated, and that no retaliatory actions will be used against me in the event of such complaint.
 - 7.2 The right to request restrictions on certain uses and disclosures of my protected health information, and that this practice is not required to agree to a requested restriction.
 - 7.3 The right to receive confidential communications of protected health information.
 - 7.4 The right to amend protected health information.
 - 7.5 The right to receive an accounting of disclosures of protected health information.
 - 7.6 The right to obtain a paper copy of the Notice of Privacy Practices from this practice upon request.

This practice reserves the right to change the terms of its Notice of Privacy Practices and to make new provisions effective for all protected health information that it maintains. I understand that I can obtain this practice's current Notice of Privacy Practices on request.



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I have been informed that it is my responsibility to give my current health insurance information to this office prior to every visit with the doctor. I am responsible for all charges for the services rendered. This also applies to the refraction test that the doctors at Staten Island Ophthalmology may order, which my insurance company may apply to my responsibility, contact lenses that are not covered by my insurance company, as well as my co-pays, deductibles, and co-insurance balances.

I understand that I may receive a test called "Refraction" that is performed to check and see if my vision or prescription has changed. This test is medically necessary not only to give a new eyeglass prescription but also to see whether my vision can be improved by changing my lenses. It will be performed at the complete discretion of my doctor. I understand that this test may not be covered by my insurance plan and if it is not covered, I will be responsible for the \$30.00 fee.

I have been told that, if my check for services/goods rendered is returned by the bank, there will be a \$30.00 fee applied to my account. I will be responsible for the check amount plus the \$30.00 fee.

If there is a discrepancy with the processing of a credit card payment, there will be a \$30 fee applied. I will be responsible for the \$30 fee.

I have been informed of my patient rights and responsibilities as well as the patient privacy act.

I understand that, in case of a medical emergency, I may be transferred to the local hospital.

I authorize Staten Island Ophthalmology, PC and Academic Eye Center, PA to disclose my medical information to my insurance carriers. I also authorize my insurance carriers to release their payments for my visits to Staten Island Ophthalmology, PC Academic Eye Center, PA directly