DEL NEGRO & SENFT
EYE ASSOCIATES
DSeye.com

Ralph G. Del Negro, D.O.
Carl J. Senft, M.D.
Marina Glatman, M.D.

Tina V. Shah, O.D.
Patricia E. Carniglia, O.D.

HIPAA Notice of Privacy Practices
Acknowledgement and Consent

By signing below, I acknowledge that I have been provided a copy of **Del Negro & Senft Eye Associates, P.C.**'s HIPAA Notice of Privacy Practices and have therefore been advised of how health information about me may be used and disclosed by **Del Negro & Senft Eye Associates, P.C.** and how I may obtain access to and control of this information. I also acknowledge and understand that I may request explanations regarding any questions I may have.

By signing below, I consent to the use and disclosure of my health information as contained in the HIPAA Notice of Privacy Practices of **Del Negro & Senft Eye Associates, P.C.** (as it may be updated from time to time).

Your name: _____

Your signature (or of parent or legal guardian): _____

If a parent or legal guardian is signing this document, place an "X" before the correct relationship to the patient/customer:

___ Parent

___ Legal Guardian

Date: _____

Revised on July 7, 2025