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**ACKNOWLEDGEMENT OF RECEIPT  
OF PRIVACY NOTICE**

I hereby acknowledge that I have been presented with a copy of Walman Eye Center’s Notice of Privacy Act.

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Print Name Patient’s Signature Date

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Print Name Patient’s Signature Date

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Print Name Patient’s Signature Date

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Print Name Patient’s Signature Date

**RED FLAG RULES**

The Red Flag Rules were made to protect our information and also keep identity theft from happening. Finding identity theft earlier, and taking proactive steps to stop the damage, this should lessen financial losses to these organizations and protect the consumer from becoming victims.

Detecting red flags requires obtaining identifying information about, and verifying the identity of, persons with healthcare insurance, and having a process to authenticate patients, monitor their claims and verify the validity of change-of-address requests.

This Act was created and passed by Federal Trade Commission and the National Credit Union Administration. This Act is called the Red Flag Rules requiring financial institutions , creditors and healthcare providers to develop and implement written identity theft prevention programs, as part of the Fair and Accurate Credit Transactions (FACT) Act of 2003. The programs must be in place by August 1, 2009, and must provide for the identification, detection, and response to patterns, practices, or specific activities, known as Red flags, that could indicate identity theft.

Thank you in advance for providing us with the necessary documentation needed to properly identify and protect your personal information.

**I hereby agree to provide proper identification to Walman Eye Center in compliance with the Red Flag Rules.**

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Patient’s Signature

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Date

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Printed Name of Patient