**Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*“I acknowledge the availability of the Notice of Privacy Practices in the Eye Care Professional Associates reception area. The Notice describes how my health information may be used or disclosed. I understand that I should read it carefully. I am aware that this Notice may be changed at any time. I may obtain the current copy of the Notice by requesting one from Eye Care personnel.”*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

 Patient Signature Patient Printed Name Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

 Parent/Guardian Signature Parent/Guardian Printed Name Date

 (For clients under the age of 18) (For clients under the age of 18)

\*\*\*This signature expires ONE year from the above date\*\*\*

Please put an **“X”** next to your preferred contact method(s)

and messages we may leave:

|  |  |  |  |
| --- | --- | --- | --- |
| \_\_\_\_\_\_ | Home phone number | \_\_\_\_\_\_ | Appointment reminders |
| \_\_\_\_\_\_ | Cell phone number | \_\_\_\_\_\_ | Personal health information |
| \_\_\_\_\_\_ | Mail | \_\_\_\_\_\_ | Item pick up |
| \_\_\_\_\_\_ | E-mail |  \_\_\_\_\_ | Appointment recalls |

If you do not want your information disclosed to a certain individual or facility, please give that information here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

 Patient Signature Patient Printed Name Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

 Employee Signature Employee Printed Name Date