

Acknowledgment of Notice of Privacy Practices

Contemporary Eye Care
6845 Peek Rd., Ste. 130
Katy, TX 77493
281-697-5400

The law requires that Contemporary Eye Care make every effort to inform you of your rights related to your personal health information. By my signing below, I acknowledge that:

I was given the opportunity to read, have read or had explained to me Contemporary Eye Care's Notice of Privacy Practice prior to any services offered.

I authorize Contemporary Eye Care to release my personal health information to the following individuals:

Our office may use texts and emails to communicate with you. Although HIPAA compliant, they may not be encrypted and complete privacy cannot be guaranteed.

I authorize the use of text and email.

I do not authorize the use of text and email to communicate with me.

I HAVE READ AND UNDERSTAND THIS FORM. I AM SIGNING IT VOLUNTARILY.

Patient Signature

Date

If you are signing as a personal representative of the patient, please indicate your relationship. If you are signing for a minor, you attest that you have the legal authority to make medical decisions for the minor and consent to such care. Please indicate any other parent, step-parent, guardian or other individual(s) authorized to make medical decisions for the minor.

Representative Signature

Relationship to Patient

Other individual(s) authorized to make legal decisions for the minor