



ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES

The law requires that Leet EyeCare-Blattner make every effort to inform you of your rights related to your personal health information. By my signing below, I acknowledge that:

- I have read or had explained to me prior to any services offered at Leet EyeCare-Blattner's Notice of Privacy Practice and agree to continue my care with Leet EyeCare-Blattner under said terms.
- I was given to opportunity to read Leet EyeCare-Blattner's Notice of Privacy Practices and declined but wish to continue my care with Leet EyeCare-Blattner under the terms of Leet EyeCare-Blattner's privacy policies.
- I have read or had explained to me prior to any services offered Leet EyeCare-Blattner's Notice of Privacy Practice and do not wish to continue my care with Leet EyeCare-Blattner under said terms.
- The Notice of Privacy Practice could not be read due to the emergent nature of the care of other reason described as.

The following people are authorized to speak on behalf of my account/treatment plan:

_____ Account Treatment Plan
Name Relation to Patient Phone #

_____ Account Treatment Plan
Name Relation to Patient Phone #

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

_____ _____
Patient Date

If you are signing as a personal representative of the patient, please indicate your relationship

_____ _____
Representative Relationship to Patient