

We will text you a reminder for
your annual exam

Name: _____ Cell # (text) (_____)_____

Email: _____

Change of address:

Street

City

Zip Code

Acknowledgement of Receipt of Notice of Privacy Practices

In the course of providing service to you, we create, receive and store health information that identifies you. It is often necessary to use and disclose this health information in order to treat you, to obtain payment for our services, and to conduct healthcare operations involving our office. The ***Notice of Privacy Practices*** you have been given describes these uses and disclosures in detail.

I acknowledge that I have received the *Notice of Privacy Practices* from Eyecare Galleria.

Signature

Date

Relationship to patient if signing as a parent or guardian