



Acknowledgement of Receipt of Notice of Privacy Practices

Texas Vision & Laser Center, PLLC

By signing this form, you acknowledge receipt of the *Notice of Privacy Practices* of the Texas Vision & Laser Center. Our *Notice of Privacy Practices* provides information about how we may use and disclose your protected health information. We encourage you to read it in full.

Our *Notice of Privacy Practices* is subject to change. If we change our notice, you may obtain a copy of the revised notice by accessing our website at www.texasvisionandlaser.com or by calling the Texas Vision & Laser Center at 972-548-2015. If you have any questions about our *Notice of Privacy Practices*, please inquire at the Texas Vision & Laser Center.

I acknowledge receipt of the *Notice of Privacy Practices* of the Texas Vision & Laser Center.

Print Name of Patient: _____

Signature of Patient or Representative: _____

If Representative, give relationship: _____

Date: _____

Inability To Acknowledge Receipt of Notice of Privacy Practices

To be completed only if no signature is obtained. If it is not possible to obtain the individual's acknowledgement, describe the good faith efforts made to obtain the individual's acknowledgement, and the reasons why the acknowledgement was not obtained:

- Patient is unresponsive
- Patient is injured
- Other (specify) _____

Signature of Representative: _____

Date: _____