

Acknowledgment of Receipt of Privacy Policy

Date _____

I have received a copy of the Northside Eye Care HIPAA privacy policy.

Patient's Name (or Parent/Guardian if patient is a minor)

Please complete this section

How may we contact you? (please check all that apply) telephone mail e-mail

What telephone number may we call?

Cell phone _____

Home phone _____

Work phone _____

NOTE: It will be your responsibility to be sure that we have the correct numbers on file

Do we need to ask to speak to you? yes no

If you have checked "no" to the question above, may we leave a message with whoever answers or on an answering machine?

If you prefer to be contacted by mail, to what address should we send correspondence?

Name or "in care of" _____

Address _____

City, State, Zip _____

NOTE: It will be your responsibility to be sure that we have the correct address on file

If you prefer to be contacted by e-mail, what is your address?

NOTE: It will be your responsibility to be sure that your e-mail address is correct