



ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY PRACTICES

A copy of the HIPAA Privacy Practices for Denton Optometry can be found at the front desk.

I have been given the opportunity to review the notice of Privacy Practices Denton Optometry. I understand the terms stated herein are to remain in effect throughout my treatment with Denton Optometry.

YES, I would like a copy NO, I do not want a copy

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

_____ Account Treatment Plan
Name Relation to Patient Phone #

_____ Account Treatment Plan
Name Relation to Patient Phone #

_____ Account Treatment Plan
Name Relation to Patient Phone #

Messages with confidential information may be left at :

Home: _____ Cell Phone: _____

Work: _____ E-Mail: _____

Other: _____

Patient or Guardian Signature/Relation to Patient

Denton Optometry Staff Signature/Date

Denton Optometry reserves the right to modify the privacy practices as outlined in this notice.
Revised 08/2016

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