

Acknowledgment of Notice of Privacy Practices

Executive Eye Care PLLC
910 Louisiana Street, Ste. M175 Houston TX 77002
713.225.2600

The law requires that Executive Eye Care PLLC make every effort to inform you of your rights related to your personal health information. By my signing below, I acknowledge that:

I was given the opportunity to read, have read or had explained to me Executive Eye Care PLLC's Notice of Privacy Practice prior to any services offered.
 The Notice of Privacy Practice could not be read due to the emergent nature of the care and will be acquired when possible

I authorize Executive Eye Care PLLC to release my personal health information to the following individuals:

My vision plan requests that all diagnoses related to any medical condition I may have, be released to them. As a non-traditional disclosure, release of this information requires my specific authorization:

I authorize the release of medical information to my vision plan
 I do not authorize release of medical information to my vision plan

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

_____/_____

Patient Signature

Date

If you are signing as a personal representative of the patient, please indicate your relationship. If you are signing for a minor, you attest that you have the legal authority to make medical decisions for the minor and consent to such care. Please indicate any other parent, stepparent, guardian or other individual(s) authorized to make medical decisions for the minor.

_____/_____

Representative Signature

Relationship to Patient

Other individuals authorized to make legal decisions for the minor