

Acknowledgement of Receipt of Notice of Privacy Practices

Independent Optometry Service Providers
Located inside South East Gilbert Costco
2887 S Market St
Gilbert, AZ 85297

Gaze Optometry
Nicole Thomas, O.D.
P: 480-366-3963
F: 480-366-3964

Patient Name: _____

Patient Date of Birth: _____

Signing this document signifies that you have received a copy of our Joint 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 ***Joint Notice of Privacy Practices*** you have been given describes these uses and disclosures in detail.

I acknowledge that I was provided a copy of the *Joint Notice of Privacy Practices* and that I have read (or had the opportunity to read if I so choose) and understand the Notice.

Signature

Date

If you are signing as a personal representative of the patient, please describe your relationship to the patient.

Relationship to Patient Print

Name

I grant the following individual(s) access to my records:

Name

Name

Name

Name