

# Acknowledgment of Notice of Privacy Practices

All About Eyecare, PC  
15101 E. Iliff Ave, Suite 100  
Aurora Colorado 80014  
303-366-1235

The law requires that All About Eyecare, PC 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 All About Eyecare PC'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 All About Eyecare, PC to release my personal health information to the following individuals:

\_\_\_\_\_  
\_\_\_\_\_

May we leave detailed medical information on your home voice mail?  Yes  No  
May we leave detailed medical information on your cell phone?  Yes  No  
May we leave detailed medical information on your work voice mail?  Yes  No

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

\_\_\_\_\_  
Representative Signature Relationship to Patient

\_\_\_\_\_  
Date