Acknowledgment of Notice of Privacy Practices

Jay S. Folkman, O.D., P.C.
6821 Montgomery Blvd NE Ste C Albuquerque NM 87109
505.881.7440

The law requires that Jay S. Folkman, O.D., P.C. 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 Jay S. Folkman, O.D., P.C.'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 Jay S. Folkman, O.D., P.C. to release my personal health information to the following individuals:

_____ _____ _____

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

_____ _____
Patient Name Date of Birth

_____
Patient Signature

_____
Date

If you are signing as a personal representative of the patient, please indicate your relationship

_____
Representative Signature

_____
Relationship to Patient