Newberry Vision Center

Eric Newberry, O.D./Angela Ahrens, O.D.
1716 W Virginia St
McKinney, Tx 75069
(972) 562-0101

PRIVACY PRACTICES ACKNOWLEDGMENT FORM

I, _____ (Patient's name) have received the Notices of Privacy Practices of Eric Newberry, O.D. and Angela Ahrens, O.D., and I have been provided the opportunity to review it. I consent to the use and disclosure of my health information for purposes of treatment, payment, and healthcare operations.

Signature _____ Date_____

If signing as a personal representative of the patient, please describe the relationship to the patient:

Relationship to Patient _____ Print Name _____

Please circle a response from each question below. It will help us know how to properly communicate with you regarding your health information.

1) Leave a message on my daytime phone voicemail or answering machine? YES OR NO

2) Leave a message on my evening phone voicemail or answering machine? YES OR NO

3) Leave a message with a person who answers my phone? YES OR NO

4) Contact me via email? Email address: _____ YES OR NO

5) I will allow the following persons access to my medical records at any time in the future unless I provide a signed statement to the contrary:

_____
Print Name / Relationship to Patient

_____
Print Name / Relationship to Patient

Signature of patient or patient's representative:

_____ Date _____