Glaucoma Institute of Austin

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICE

Patient Name ____ Date of Birth __________________

I acknowledge that I have received a Notice of Privacy Practices on the date below on behalf of the Glaucoma Institute of Austin. I understand that the Notice describes the uses and disclosures of my protected health information by the Glaucoma Institute of Austin and informs me of my rights with respect to my protected health information. I also know that from time to time, the Notice of Privacy Practices may be revised. If I want the revised Notice of Privacy Practices, I know I must ask for it.

____ ____

Signature of patient / person or legal representative   Printed name of patient / personal or legal representative

____

Date

If personal or legal representative, indicate relationship ____

I authorize the Glaucoma Institute of Austin to leave a message on my voicemail regarding confidential health information.

Approved phone # (________) _________________ Alternate phone # (________) _________________

Name of the person(s) and relationship that you are authorizing the Glaucoma Institute of Austin to disclose your personal health information to:

Name ____ Contact # (________) ___________________

Relationship ☐ Spouse ☐ Child ☐ Guardian ☐ Friend ☐ Other ____________________

Name ____ Contact # (________) ___________________

Relationship ☐ Spouse ☐ Child ☐ Guardian ☐ Friend ☐ Other ____________________

Describe in detail the information you are authorizing to be disclosed to the above named person(s):

____

____

*You acknowledge that you must submit a statement in writing to revoke these privileges for this individual(s).

Office Use Only

Updated above info Patient initials	Date	Acknowledgement could not be obtained because:
__________	__________	☐ Individual refused to sign
__________	__________	☐ Communications barriers prohibited obtaining the acknowledgement
__________	__________	☐ An emergency situation prevented us from obtaining acknowledgement
__________	__________	☐ Other (Please Specify)
__________	__________	____
		____
		Employee Initials _____ Date_________