

Acknowledgement of Receipt

I acknowledge that I have reviewed or been given the opportunity to review a copy of Hartley Nichols, O.D.'s Notice of Privacy Practices.

Patient Name (print): _____

Patient/Representative Signature _____

If you are signing as a personal representative of the patient, please describe your relationship to the patient. Please note, guardian/representative signature is only acceptable if the patient is under 14 or representative has been granted legal authority to make health decisions for patient.

Name of representative: _____

Relationship to patient _____

Release of Health Information

If you would like to authorize the release of your information to any persons, please list their information below:

Name _____ Relationship to patient _____

Name _____ Relationship to patient _____

Name _____ Relationship to patient _____

Signature of patient or representative _____