WRIGHT
EYE CARE CENTER

❑ J. Britt Wright, OD
Therapuetic Optometrist
Optometric Glaucoma Specialist

❑ Stephen G. Slade, MD
Surgical Director

ACKNOWLEDGEMENT OF "NOTICE OF PRIVACY PRACTICES"

The law requires that Wright Eye Care Center, PLLC makes every effort to inform you of your rights related to your personal health information. By checking the appropriate statement and signing below, I acknowledge that:

❍ **Yes, I was given the opportunity to read, have read or had explained to me Wright Eye Care Center, PLLC Notice of Privacy Practice prior to any services offered.**

❍ **No, I have not read** Wright Eye Care Center's Notice of Privacy Practices, but, I was given the opportunity to read it upfront and declined but wish to continue my care under the terms of Wright Eye Care Center's privacy.

❍ The Notice of Privacy Practice **could not be read due to the emergent nature** of the care and will be acquired when possible.

VSP and Superior Vision Plans: My vision plan requests that all diagnoses related to any medical condition I may have be released to them. As a non-traditional disclosure, release of this information requires my specific authorization:

❍ **I authorize the release of medical information to my vision plan**

❍ **I do not** authorize the release of medical information to my vision plan

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

Patient **Date**

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

Representative Relationship Date