

**HIPAA PRIVACY ACKNOWLEDGEMENT OF RECEIPT  
OF NOTICE OF PRIVACY PRACTICES**

I, \_\_\_\_\_ [Please print your full legal name here] (the "Patient" or "Patients legal representative", have been presented with the Notice of Privacy Policy (the "Policy") of *N.E. Ga. Vision Care, P.C. (dba Jenkins Vision Care)* and have been offered a copy of such policy to keep.

[Please initial **one** of the following]

\_\_\_ I hereby acknowledge that I have been provided with a copy of the Policy.

\_\_\_ I hereby refuse to acknowledge receipt of the Policy. I understand that even though I may refuse to sign this acknowledgement, Provider may still provide treatment to me.

Signature: \_\_\_\_\_  
Must be at least 18 to sign, or parent or guardian

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM DD YY

**Jenkins Vision Care:**

**Authorization for Release of Information to Family Members**

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Many of our patients allow family members such as their spouse, parents or others to call and request medical or billing information. Under the requirements of HIPAA we are not allowed to give this information to anyone without the patient's consent. If you wish to have your medical or billing information released to family members you must sign this form. Signing this form will only give information to family members indicated below.

I authorize Jenkins Vision Care to release my medical and/or billing information to the following individual (s):

1. \_\_\_\_\_ Relation to Patient: \_\_\_\_\_
2. \_\_\_\_\_ Relation to Patient: \_\_\_\_\_
3. \_\_\_\_\_ Relation to Patient: \_\_\_\_\_

**Patient Information**

**I understand I have the right to revoke this authorization at any time and that I have the right to inspect or copy the protected health information to be disclosed.**

**I understand that information disclosed to any above recipient is no longer protected by federal or state law and may be subject to redisclosure by the above recipient.**

**You have the right to revoke this consent in writing.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_