

Sight Savers Family Eye Care
2008 Merchant Dr. Suite 3
Richmond, KY 40475

As of April 14, 2003 the law says we must hand you the following three pages about our privacy practices concerning your health information.

I acknowledge that I have been provided with a copy of the Notice of Privacy of Sight Savers Family Eye Care _____(Please initial here)

Please check on box:

I have read the Notice of Privacy Practices and understand how my personal health information may be used. I agree that my information may be used as specified.

I choose not to read all of the privacy practices at this time, but may do so at a later date if I so desire. I therefore agree that my personal health information may be used at Sight Savers discretion.

Patient Name (Please Print) _____

Signed _____

Dated _____