

**ACKNOWLEDGEMENT
OF
NOTICE OF PRIVACY PRACTICES**

The law requires that Texas State Optical make every effort to inform you of your rights related to your personal health information. By my signing below, I acknowledge that:

_____ I have read or had explained to me Texas State Optical Notice of Privacy Practice and agree to continue my care with Texas State Optical under said terms.

_____ I was given the opportunity to read Texas State Optical Notice of Privacy Practices and declined but wish to continue my care with Texas State Optical under the terms of Texas State Optical's privacy policies.

_____ I have read or had explained to me Texas State Optical Notice of Privacy Practice and do not wish to continue my care with Texas State Optical under said terms.

_____ The Notice of Privacy Practice could not be read due to emergent nature of the care of other reason described as

I have read and understand this form. I am signing it voluntarily.

Patient

Date

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

Representative

Relationship to Patient