TOTAL EYECARE

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Acknowledgement of Receipt of Notice of Privacy Practices and Designation Disclosure Form

- **I hereby authorize Total Eyecare to release the complete history/records to the following:**

Name: _____Relationship: _____

Name: _____Relationship: _____

Name: _____Relationship: _____

Patient Contact:

- **Appointment reminders, test results, billing and orders purchased will be made to your home phone, cell phone, and/or email.**

Home Number: _____ Cell Number: _____

Email: _____

- **I hereby acknowledge that I have been presented a copy of Total Eyecare's privacy policy. (You may find a copy on our website)**

Patient Name: _____

Parent/Guardian: _____

Signature: _____ Date: _____