

# Acknowledgment of Notice of Privacy Practices

Advanced Vision Care of North Arlington, PA  
827 E. Lamar Blvd. Arlington, TX 76011  
817-2754-0655

The law requires that Advanced Vision Care 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 prior to any services offered Advanced Vision Care Notice of Privacy Practice and agree to continue my care with Advanced Vision Care under said terms.

I have read or had explained to me prior to any services offered Advanced Visioncare's Notice of Privacy Practice and do not wish to continue my care with Advanced Vision Care under said terms.

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

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

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Patient

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Date

By making a check mark or writing your initials, it gives us permission to email you from our email account and Solutionreach, our recall system.

Please list any other people allowed to speak on behalf of you or granted permission to pick up your contact lense, glasses, etc...

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