

FLETCHER FAMILY EYECARE
1817 Executive Square
Jonesboro, Arkansas 72401

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

By signing this form, you acknowledge that Fletcher Family Eyecare has given you a copy of its Privacy Notice, which explains how your health information will be handled in various situations. We must try to have you sign this form on your first date of service with us after April 2003.

If your first date of service with us was an emergency, we must try to give you this notice and get your signature acknowledging receipt of this notice as soon as we can after your first visit.

Check all that apply:

- () I have received Fletcher Family Eyecare's Notice of Privacy.
- () Fletcher Family Eyecare has given me the chance to discuss my concerns and questions about the privacy of my health information.

Below please list any persons you wish to give permission to access your medical records or be allowed to discuss your medical information with our staff (such as appointment dates, times, treatments, and billing).

_____	_____
<i>Name</i>	<i>Relationship to you</i>
_____	_____
<i>Name</i>	<i>Relationship to you</i>
_____	_____
<i>Name</i>	<i>Relationship to you</i>

Signature of Patient / Parent or Legal Guardian

If the patient is unable to sign this acknowledgement form, please explain the reason why.

