

**Acknowledgment of Notice of Privacy Practices**

Today's Vision Conroe- PA  
2257 North Loop 336 West, Ste. 150, Conroe, TX 77304  
9367882600

The law requires that Today's Vision Conroe- PA make every effort to inform you of your rights related to your personal health information. By my signing below, I acknowledge that:

I was given the opportunity to read, have read or had explained to me Today's Vision Conroe-PA's Notice of Privacy Practice prior to any services offered.

The notice of Privacy Practice could not be read due to the emergent nature of the care and will be acquired when possible.

I authorize Today's Vision Conroe-PA to release my personal health information to the following individuals:

\_\_\_\_\_

My vision plan requests that all diagnoses related to any medical condition I may have be released to them. As a non-traditional disclosure, release of this information requires my specific authorization:

I authorize the release of my medical information to my vision plan

I do not authorize release of my medical information to my vision plan

Our office may use standard email to communicate with you. Standard email is not secure and does not guarantee privacy.

I authorize the use of standard email, in spite of the known risk involved, to communicate with me.

I do not authorize the use of standard email to communicate with me.

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

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Representative Signature

\_\_\_\_\_  
Relationship to Patient