

ACKNOWLEDGEMENT OF RECEIPT AND GENERAL CONSENT

I acknowledge that I reviewed a copy of Hughes Optician's Notice of Privacy Practices.

I further consent to the release of my health information for the purposes of treatment, payment, and health care operations and as authorized or required by law under the circumstances described in the Notice of Privacy Practices.

Patient Name: _____

Signature: _____

Date: _____

If you are signing as a personal representative of the patient, describe your relationship to the patient and the source of your authority to sign this form.

Relationship to Patient: _____

Print Name: _____

Signature: _____