

**ACKNOWLEDGEMENT
OF
NOTICE OF PRIVACY PRACTICES**

The law requires that Texas State Optical of College Station South, P.C make every effort to inform you of your rights related to your personal health information. By my signing below, I acknowledge that:

(please only select one)

- I have read or had explained to me Texas State Optical of College Station South, P.C's Notice of Privacy Practices and agree to continue my care with Texas State Optical of College Station South, P.C under said terms.

- I was given the opportunity to read Texas State Optical of College Station South, P.C's Notice of Privacy Practices and declined but wish to continue my care with Texas State Optical of College Station South, P.C under the terms of Texas State Optical of College Station South, P.C's privacy policies.

- I have read or had explained to me Texas State Optical of College Station South, P.C's Notice of Privacy Practice and do not wish to continue my care with Texas State Optical of College Station South, P.C under said terms.

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

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

Patient

Date

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

Representative

Relationship to Patient