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Acknowledgement of Privacy Notice Receipt

I hereby acknowledge that I have received a copy of the Texas State Optical-Stone Oak Notice of Privacy Practice. I also understand that a copy, including any amendments to the Notice of Privacy Practices, can be provided to me upon my request at each appointment.

I wish to be contacted in the following manner (check all that apply)

Phone Email Mail Text Message

Can we leave confidential messages such as appointment reminders using the above methods?
YES ___ NO ___

Phone: _____ Email Address: _____

Mailing Address: _____

I authorize this office to release medical information to the following person(s):

PATIENT RECORD OF DISCLOSURE

Signed: _____ Date: _____

Print Name: _____

If not signed by the patient, please indicate relationship:

- _____ Parent or guardian of minor patient
- _____ Guardian or conservator of a patient

Guardian/Conservator Signature: _____ Date: _____