

Woodlands Eye ASSOCIATES

George C. Kaufman, O.D.
*Therapeutic Optometrist
Optometric Glaucoma Specialist*

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*Therapeutic Optometrist
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Stephen G. Slade, M.D.
Slade and Baker Vision

ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES

The law requires that George C. Kaufman, III, O.D. make every effort to inform you of your rights related to your personal health information. By checking the appropriate statement and signing below, I acknowledge that:

- Yes, I was given the opportunity to read, have read or had explained to me George C. Kaufman, III, O.D.'s Notice of Privacy Practice prior to any services offered.**
- No, I have not read** Woodlands Eye Associates' Notice of Privacy Practices, but, I was given the opportunity to read it upfront and declined but wish to continue my care under the terms of Woodlands Eye Associates' privacy.
- The Notice of Privacy Practice **could not be read due to the emergent nature** of the care and will be acquired when possible.

VSP and Superior Vision Plans: 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 medical information to my vision plan**
- I do not** authorize the release of medical information to my vision plan

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

Patient

Date

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

Representative

Relationship

Date

MEDICAL PLAZA OFFICE

1001 Medical Plaza Drive ▲ Suite 100 ▲ The Woodlands, Texas 77380 ▲ 281.367.2020

PANTHER CREEK SHOPPING CENTER

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