

Northridge Eye Care
530 Main Street
Red Bluff, CA 96080-3455
Phone: (530) 529-1750
FAX: (530) 529-4551
www.northridgeeyecare.com

Acknowledgement Of Privacy Practices

I, _____ acknowledge that I have received a copy of the Notice of Privacy Practices from Northridge Eye Care.

I have listed individuals that are authorized to receive my protected health information. I am aware that I can revoke the authorization for any individual at any time, but must do so in writing.

Signature of Patient

Date

Signature of Patient Representative & Relationship
(Required if patient is a minor or an adult unable to sign form)

Date

The following individuals have my authorization to access my Protected Health Information

Name Relationship Phone Number

Name Relationship Phone Number

Name Relationship Phone Number

Name Relationship Phone Number