

BLANCHARD FAMILY EYE CARE, PC

Dr. Vincent M. Young, O.D.

P O BOX 325

1019 N COUNCIL STE 4

BLANCHARD, OK 73010

405.485.EYES (3937)

405.485.3642 FAX

NOTICE OF PRIVACY PRACTICES

I, _____, have received a copy of the NOTICE OF PRIVACY PRACTICES for the office of Dr. Vincent M. Young, O.D.

Patient Name (print)

Patient's (or Legal Guardian's) Signature

Date

The office of Dr. Vincent M. Young, O.D. attempted to obtain written acknowledgement of receipt of the NOTICE OF PRIVACY PRACTICES, but acknowledgement could not be obtained because:

_____ Individual refused to sign.

_____ Communication barriers prohibited obtaining the acknowledgement.

_____ An emergency situation prevented an acknowledgement from being obtained.

_____ Other (specify) _____

Employees Initials: _____