

Jorgensen, Schulz & Associates EyeCare Center SC
1225 W Northland Ave, Appleton, WI 54914
920-731-2020
Fax 920-733-2117

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I acknowledge that I received a copy of Jorgensen, Schulz & Associates EyeCare Center’s Notice of Privacy Practices. This notice describes how the EyeCare Center may use my protected health information, certain restrictions on the use and disclosure of my health care information, and rights I have regarding my protected health information.

Date _____ Patient name _____
(please print)

Signature of patient _____
(or personal representative)

Relationship to patient _____

AUTHORIZATION TO DISCUSS PROTECTED HEALTH INFORMATION

I authorize Jorgensen, Schulz & Associates EyeCare Center to discuss my PHI with the following individuals: (your spouse, parents of children over 18, or other family member)

