

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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_