



OMAN OPTOMETRIC EYE CARE, PA

Dr. Heather Oman Dr. Maria Johnson Dr. Charles Byrnes
2100 West Cornwallis Drive UNIT J
Greensboro, NC 27408

NOTICE OF PRIVACY PRACTICES

ACKNOWLEDGEMENT OF RECEIPT OF PRACTICES

Today I reviewed copy of Oman Eye Care's Notice of Privacy Practices.

Name: _____ Date: _____

Signature of Patient/Parent/Legal Guardian (Circle One)

Witness

Employee verifies that a copy of legal document authorizing the legal guardian to sign was obtained for the medical record. _____ (employee initials)

Check appropriate line) _____ refused or _____ was unable to sign this statement.

However, I gave the above the designated individual a copy of Oman Eye Care's Notice of Privacy Practices, today.

_____ Date: _____

Signature of Employee

RELEASE OF INFORMATION

Name: _____ Date of Birth: ____/____/____

[] I authorize the release of information including the diagnosis, records; examination rendered to me and claim information. This information may be released to:

[] Spouse _____

[] Child/Children _____

[] Other _____

[] Information is NOT to be released to anyone.

TREATMENT AUTHORIZATION

I authorize you to give me reasonable and proper medical care by today's standards.

Signature of Patient or Authorized Person: _____ Date: _____