



As of September 23, 2013, Blanco Kays Eyecare, LLC updated their Notice of Privacy Practices. By signing this form, you acknowledge you have been offered or received a copy of the Blanco Kays Eyecare, LLC Notice of Privacy Practices and completed the section "Patient Disclosure Information".

PATIENT DISCLOSURE INFORMATION

I WISH TO BE CONTACTED IN THE FOLLOWING MANNER (check all that apply)

Home Telephone _____
 O.K. to leave message with detailed information
 Leave message with call-back number only

Written Medical Communication
 O.K. to mail to my home address
 O.K. to fax to this number _____

Cell Phone _____
 O.K. to leave message with detailed information
 Leave message with call-back number only

Work Phone _____
 O.K. to leave message with detailed information
 Leave message with call-back number only

Person Authorized to Receive Information

_____ Relationship _____ Phone _____

_____ Relationship _____ Phone _____

_____ Relationship _____ Phone _____

Print Patient Name _____

Birthday _____

Signature _____

Date _____

OFFICE USE ONLY

I attempted to obtain the patient's signature in acknowledgement of this Notice of Privacy Practices Acknowledgment, but was unable to do so as documented below.

Date	Initials	Reason
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