

# Acknowledgement of Receipt of Notice of Privacy Practices

Independent Optometry Service Providers  
Located inside Meridian Costco  
3403 W Chinden Blvd  
Meridian, Idaho 83646

Meridian Eyes  
Philip Rainey, O.D.  
P: 986-200-4151  
F: 986-200-4152

---

---

Patient Name: \_\_\_\_\_

Patient Date of Birth: \_\_\_\_\_

***Signing this document signifies that you have received a copy of our Joint Notice of Privacy Practices.***

In the course of providing service to you, we create, receive and store health information that identifies you. It is often necessary to use and disclose this health information in order to treat you, to obtain payment for our services, and to conduct healthcare operations involving our office. The ***Joint Notice of Privacy Practices*** you have been given describes these uses and disclosures in detail.

**I acknowledge that I was provided a copy of the *Joint Notice of Privacy Practices* and that I have read (or had the opportunity to read if I so choose) and understand the Notice.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

If you are signing as a personal representative of the patient, please describe your relationship to the patient.

\_\_\_\_\_  
Relationship to Patient Print

\_\_\_\_\_  
Name

**I grant the following individual(s) access to my records:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name