

Acknowledgment of Notice of Privacy Practices

Fremont Vision Source
2955 E. Elk Lane, Fremont, NE 68025
402-721-8032

The law requires that Fremont Vision Source make every effort to inform you of your rights related to your personal health information. By my signing below, I acknowledge that:

I was given the opportunity to read, have read or had explained to me Fremont Vision Source's Notice of Privacy Practice prior to any services offered

The Notice of Privacy Practice could not be read due to the emergent nature of the care and will be acquired when possible

I authorize Fremont Vision Source to release my personal health information to the following individuals:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

I HAVE READ AND UNDERSTAND THIS FORM. I AM SIGNING IT VOLUNTARILY.

Patient Signature Date

If you are signing as a personal representative of the patient, please indicate your relationship

Representative Signature Date:

Relationship to Patient