

Southern Montana Optometric Center

Acknowledgment of Notice of Privacy Practices

*Southern Montana Optometric Center, Inc.
210 1st Avenue Laurel MT 59044
(406) 628- 8668*

The law requires that Southern Montana Optometric Center, Inc. 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 Southern Montana Optometric Center, Inc.'s Notice of Privacy Practice prior to any services offered

___ I am aware of the Privacy Practices posted on the SMOC website and have had an opportunity to read, have read or had explained to me Southern Montana Optometric Center, Inc.'s Notice of Privacy Practices 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 Southern Montana Optometric Center, Inc. to release my personal health information to the following individuals:

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

Relationship to Patient