
KUNESH EYE CENTER, INC.
NOTICE OF PRIVACY PRACTICES FOR
PROTECTED HEALTH INFORMATION

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I have received Kunesh Eye Center Inc.'s Notice of Privacy Practices and understand that my protected health information may be used by Kunesh Eye Center, Inc. as described in the notice.

Signature of Patient or Personal Representative

Date

Printed Name of Patient or Personal Representative

Patient Account #

Description of Personal Representative's Authority