



TREASURE VALLEY | EYE CENTER

**NOTICE OF PRIVACY PRACTICES**  
**ACKNOWLEDGMENT OF RECEIPT**

The Treasure Valley Eye Center Notice of Privacy Practices provides information about how we may use and disclose protected health information about you.

I acknowledge that I have received the Notice of Privacy Practices and understand that I should read it carefully. I may obtain copies of the Notice by calling Treasure Valley Eye Center at 208-288-2020.

\_\_\_\_\_  
Signature of Patient or Patient's Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

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

\_\_\_\_\_  
Interpreter (if applicable)

Please provide us with the name or names of people to whom we may disclose confidential information (other than spouse):

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_