

**ACKNOWLEDGEMENT
OF
NOTICE OF PRIVACY PRACTICES**

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

- I have read or had explained to me prior to any services offered Child and Family Vision Center's Notice of Privacy Practice and agree to continue my care with Child and Family Vision Center under said terms.
- I was given to opportunity to read Child and Family Vision Center's Notice of Privacy Practices and declined but wish to continue my care with Child and Family Vision Center under the terms of Child and Family Vision Center's privacy policies.
- I have read or had explained to me prior to any services offered Child and Family Vision Center's Notice of Privacy Practice and do not wish to continue my care with Child and Family Vision Center under said terms.
- The Notice of Privacy Practice could not be read due to the emergent nature of the care of other reason described as.

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

Patient Date

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

Representative Relationship to Patient

Child and Family Vision Center complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-515-964-7541 (TTY: 1-800-735-2942).

注意:如果您使用繁體中文,您可以免費獲得語言援助服務。請致電 1-515-964-7541(TTY:1-800-735-2942)。