



**Acknowledgement of Receipt**

I, \_\_\_\_\_ acknowledge that I received a copy of the Notice of Privacy Practices of Jason Dobson, O.D.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I, \_\_\_\_\_ give Dr. Dobson permission to discuss my eye health information with the following people:

- 1. \_\_\_\_\_ Relationship \_\_\_\_\_
- 2. \_\_\_\_\_ Relationship \_\_\_\_\_
- 3. \_\_\_\_\_ Relationship \_\_\_\_\_
- 4. \_\_\_\_\_ Relationship \_\_\_\_\_

May we leave information on your answering machine?

Yes \_\_\_\_\_ No \_\_\_\_\_

May we contact you by e-mail?

Yes \_\_\_\_\_ No \_\_\_\_\_

Email Address: \_\_\_\_\_

\_\_\_\_\_  
Signature