



3455 Vestal Pkwy East
Vestal, NY 13850
(607) 722-2020

Fax: (607) 722-3937

www.robertseyecare.net

Office Contact: Kathi J. Roberts, Practice Director

75 Main Street
Sidney, NY 13838
(607) 563-7551

Fax: (607) 563-2442

E-Mail: roberts2020@cs.com

ACKNOWLEDGEMENT OF RECEIPT AND GENERAL CONSENT

I acknowledge that I received a copy of the Notice of Privacy Practices

Notice of Privacy Practices

I further consent to the release of my health information for purposes of treatment, payment, and health care operations and as authorized or required by law under the circumstances described in the Notice of Privacy Practices.

Patient name _____

Signature _____ Date _____

If you are signing as a personal representative of the patient, describe your relationship to the patient and the source of your authority to sign this form:

Relationship to Patient _____ Print Name _____

Source of Authority: _____

Person(s) Authorized to Communicate With: Medical & Financial History:

_____ Relationship _____ Date _____

_____ Relationship _____ Date _____

Person(s) Authorized to Pick-up Glasses or Contact Lenses:

_____ Relationship _____ Date _____

_____ Relationship _____ Date _____