

**Dr. Gregory B. Kloesel**  
**Therapeutic Optometrist**

*Diagnosis & Treatment of Eye Disease & Injury*  
*Specializing in Vision & Contact Lenses*

**North Texas Eye Care**  
**Optometric Glaucoma Specialist**

*101 River Oaks Dr. Ste. 100*  
*Southlake, Texas 76092*  
*(817) 562-2101 FAX (817) 562-2201*

**Acknowledgement of Notice of Privacy Practices**

The law requires that North Texas Eye Care make every effort to inform you of your rights related to personal health information. By signing below, I acknowledge that:

I have read, had explained to me, or was offered to read North Texas Eye Care's Notice of Privacy Practice and agree to continue my care with North Texas Eye Care under said terms.

I have read and understand this form. I am signing it voluntarily.

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Patient Signature	Date
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Print Name	Date of Birth
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If you are signing as a personal representative of the patient, please indicate your relationship.

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Representative Signature	Relationship to Patient
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List of name(s) of person(s) that you authorize to have access to your medical records, pickup glasses or contacts, or handle your billing at North Texas Eye Care:

\_\_\_\_\_  
\_\_\_\_\_

North Texas Eye Care has my permission to examine and administer treatment as deemed necessary to me and my children. I agree that all services are rendered and have to be paid at the end of my visit. If my account is referred to the collection process, I will pay all fees. This may include attorney fees. I authorize the release of information to my insurance if requested.

By signing below I agree to the charges and am responsible for deductible, co-insurance, and non-covered services (charges) the insurance may not cover.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date