

OUSLEY VISION PLLC
2430 JUSTIN ROAD - SUITE A
HIGHLAND VILLAGE, TX 75077
(972)317-3937

**Notice of Privacy Practices
Patient Acknowledgement**

Patient Name: _____

Date of Birth: _____

I have received this practice's Notice of Privacy Practices. The Notice provides in detail the uses and disclosures of my protected health information that may be made by this practice, my individual rights, how I may exercise these rights, and the practice's legal duties with respect to my information.

I understand that this practice reserves the right to change the terms of its Notice of Privacy Practices, and to make changes regarding all protected health information resident at, or controlled by, this practice. I understand I can obtain this practice's current Notice of Privacy Practices upon request.

- Knowing that standard email and text communication may not be totally secure, I still consent to communications from my doctor or staff through my standard email and texting devices.

Signature: _____

Date: _____

Relationship to patient: _____
(if signed by a personal representative of patient)

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