Dr David A Kingrey, Dr Jeffrey A Boomer, Dr Lucas T Lenci, and Dr Bruce B Ochsner
Vision Surgery Consultants / Associated Eye Surgical Center

1100 N Topeka, Wichita KS 67214
Phone: (316) 263-6273 Fax: (316) 263-5568

218 S Kansas Ave, Newton KS 67114
Phone: (316) 283-1400 Fax: (316) 284-0015

PATIENT LEGAL NAME: _____

BIRTH DATE (MM/DD/YYYY):_____ /_____ / _____

IF YOU ARE NOT AVAILABLE - WHO MAY WE COMMUNICATE WITH?

Name:	Relationship:	Phone:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Communicate with self **ONLY** ____

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I acknowledge that I have received the Notice of Privacy Practices from Associated Eye Surgical Center.

X_____ _____
Signature Date

If signing this as a personal representative of the patient, describe the relationship to the patient.

_____ _____
Signature Relationship to patient

_____
Date

****

For office use only
We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

__ Individual refused to sign
__ Communications barriers prohibited
__ An emergency situation prevented us from obtaining acknowledgement
__ Other (Please Specify) _____

_____

****