Dr David A Kingrey, Dr Jeffrey A Boomer, and Dr Finny T John
Vision Surgery Consultants / Associated Eye Surgical Center
Phone: (316) 263-6273

East Wichita	Downtown	Newton
1530 N Lindberg Cir	1100 N Topeka	218 S Kansas Ave
Wichita KS 67206	Wichita KS 67214	Newton KS 67114

PATIENT LEGAL NAME: _____

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

Would you like to receive appointment reminders and other communication from our office by?

❒ **Text Message** **Number:** _____

❒ **Email:** _____

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

Name:	Relationship:	Phone:	Text
_____	_____	_____	❒
_____	_____	_____	❒
_____	_____	_____	❒

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