

Acknowledgment of Notice of Privacy Practices

My signature below means I have been offered Lenexa Family Eyecare's Notice of Privacy Practices (effective October 1, 2026). I understand I may take a paper copy today, ask for one later, or read it at www.LenexaFamilyEyecare.com. I understand I have rights regarding my protected health information, which are explained in that notice.

The notice describes how Lenexa Family Eyecare may use and share health information to treat me, obtain payment, and run the practice, and in other ways the law allows or requires. Signing this form is an acknowledgment that I received or was offered the notice. It is not an extra consent to those uses.

Text messages and reminders (optional)

Standard text messages and email are not fully secure. We will use them only if you choose an option below. Choosing not to receive texts or emails will not affect your care.

☐ Yes, I agree to receive text messages (SMS) from Lenexa Family Eyecare at the mobile number below.

Mobile number for text messages	Patient name
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Texts come from our text line, (380) 800-6728, and may include appointment reminders, confirmations, scheduling updates, office notifications, and account notifications. Marketing messages are sent only if you separately opt in. Message frequency may vary. Message and data rates may apply. Reply STOP to opt out at any time. Reply HELP for help, or contact 913.227.3706 / info@LenexaFamilyEyecare.com. Providing a mobile number alone does not constitute consent, and consent to receive text messages is not a condition of receiving care or services. Carriers are not liable for delayed or undelivered messages. Mobile information is never shared, sold, or provided to third parties for marketing or promotional purposes. See our SMS Terms & Conditions (www.LenexaFamilyEyecare.com/sms-terms) and SMS Privacy Policy (www.LenexaFamilyEyecare.com/sms-privacy-policy).

☐ Email me appointment reminders (you may opt out at any time by telling our staff or emailing info@LenexaFamilyEyecare.com)

☐ Voice call only — do not text or email

Signature

Patient or parent/guardian signature	Printed name	Date
Relationship to patient (if not self)	Patient name (if different from signer)	

Minor children covered by this acknowledgment (if any)

Name and date of birth	Name and date of birth
Name and date of birth	Name and date of birth

Office use only

☐ Notice offered in person ☐ Paper copy given ☐ Patient declined to sign

If not signed, good-faith effort / reason: _____

Staff initials: _____ Date: _____

Questions: Office Manager, 913.227.3706 or info@LenexaFamilyEyecare.com. A printed copy of the Notice of Privacy Practices is available at the front desk and on our website.