



Acknowledgment of Notice of Privacy Practices

Blue River Vision, PLLC
358 Blue River Parkway, Ste. D Box 598,
Silverthorne Colorado 80498
970-368-6539

The law requires that Blue River Vision, PLLC make every effort to inform you of your rights related to your personal health information. By my signing below, I acknowledge that:

I have read or had explained to me prior to any services offered Blue River Vision, PLLC's Notice of Privacy Practice and agree to continue my care with Blue River Vision, PLLC under said terms.

If I disagree with the Privacy Practices of Blue River Vision, I understand that I should not continue my care at this office.

I HAVE READ AND UNDERSTAND THIS FORM. I AM SIGNING IT VOLUNTARILY.

Patient Signature

Date

If you are signing as a personal representative of the patient, please indicate your relationship

Representative Signature

Relationship to Patient