Anca D. Pacuraru, D.O.,F.A.O.C.O.
Board Certified Ophthalmologist

ABILENE PREMIER Eye Care PLLC

Fellowship Trained Glaucoma Specialist
Ophthalmic Surgery • Cataract Surgery
General Ophthalmology

Acknowledgement Of Privacy Practices

I,_____, acknowledge that I have received a copy of the Notice of Privacy Practices from Abilene Premier Eye Care, PLLC.

I have listed individuals that are authorized to receive my protected health information. I am aware that I can revoke the authorization for any individual at any time, but must do so in writing.

_____ _____
Signature of Patient Date

_____ _____
Signature of Patient Representative & Relationship Date
(Required if patient is a minor or an adult unable to sign form)

The following individuals have my authorization to access my Protected Health Information

Name	Relationship	Telephone Number
Name	Relationship	Telephone Number
Name	Relationship	Telephone Number
Name	Relationship	Telephone Number

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