Dr Blake Bingham, ODPhone | 208-629-8326
7950 N Horseshoe Bend Rd #101
Boise, ID 83714
Fax | 208-629-8321

Acknowledgement of Notice of Privacy Practices

The law requires that Clear Eye Total Eye Care make every effort to inform you of your rights related to your personal health information. By signing below, you acknowledge that you were given the opportunity to read or have explained to you Clear Eye Total Eye Care's Notice of Privacy Practice and agree to continue your care with Clear Eye Total Eye Care under said terms.

I have read and understand this form. I am signing it voluntarily

Patient/Representative Signature: _____

Print Name:_____ Date: _____

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

Relationship to the Patient: _____