Gerardo Saldaña, Jr., O.D.
Therapeutic Optometrist
Optometric Glaucoma Specialist

Melanie G. Rushing, O.D.
Therapeutic Optometrist
Optometric Glaucoma Specialist

Ashley H. Risner, O.D.
Therapeutic Optometrist
Optometric Glaucoma Specialist
Low Vision Consultant

ACKNOWLEDGEMENT OF RECIEPT

I acknowledge that I received a copy of Nacogdoches Eye Associates Notice of Privacy Practice.

Patient Name: __________________________________

Patient Signature: _______________________________ Date: ______________

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

Patient Name: __________________________________

Representative Signature: _________________________ Date: _______________

Relationship to Patient: ___________________________

Due to the HIPAA Privacy Law, please list the names of persons, if any, you approve to access your health care information.

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