

Kris E. Smith, O.D. \ Craig S. Horner, O.D.
792 S US Highway 1
Vero Beach, FL 32962
772-770-2020

HIPAA COMPLIANCE ACKNOWLEDGEMENT OF RECEIPT

I acknowledge that I received a copy of Kris E. Smith, O.D.'s notice of
privacy practices on _____, 20____.

Patient Name _____

Patient Signature _____

Emergency contact(s) who may also be notified of any medical information of your behalf:

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____