



A R D M O R E
PREMIER EYECARE

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Acknowledgement of Receipt of the
Notice of Privacy Practices

I acknowledge that I have been offered a copy of the Ardmore Premier Eyecare Notice of Privacy Practices to read today and a copy to take home.

Patient Name (please print) _____

Signature (patient or guardian) _____ Date _____

Names of People We May Release Medical Information To:
