

BERNSTEIN CENTER FOR VISUAL PERFORMANCE

Ira J. Bernstein, O.D., F.A.A.O., F.C.O.V.D.

Paul R. Bernstein, O.D., F.C.O.V.D.

701 Westchester Avenue

White Plains, New York 10604

(914) 682 - 8886

FVCALLP@AOL.COM

Contact Person: Barbara Herlihy

ACKNOWLEDGEMENT OF REVIEW AND GENERAL CONSENT

I acknowledge that I have reviewed Bernstein Center for Visual Performance's Notice of Privacy Practices. I am aware that I may receive a copy of the Notice of Privacy Practices upon request.

I further consent to the release of my health information for purposes of treatment, payment, and health care operations and as authorized or required by law under the circumstances described in the Notice of Privacy Practices.

Patient Name _____

Signature _____ Date _____

If you are signing as a personal representative of the patient, describe your relationship to the patient and the source of your authority to sign this form:

Relationship to Patient _____ Print Name _____

Source of Authority: _____