



Ludwick Eye Center

www.ludwickeyecenter.com

RECEIPT OF NOTICE OF PRIVACY PRACTICE WRITTEN ACKNOWLEDGMENT FORM

David J. Ludwick, M.D., F.A.C.S.
Medical Director
Cataract Surgery & Glaucoma

I, _____, have received a copy of the Ludwick Eye Center's
(Patient's Name)
Notice of Privacy Practices.

Stephen L. Facchina, M.D.
Cataract Surgery & Glaucoma

Signature of Patient

Date

Peter F. Danziger, M.D.
Medical Ophthalmologist

PLEASE CHECK BELOW TO AUTHORIZE OR NOT AUTHORIZE
LUDWICK EYE CENTER TO LEAVE MESSAGES REGARDING
APPOINTMENTS, TEST RESULTS, ETC. AT THE VARIOUS LOCATIONS
AS INDICATED.

Cory L. Seylar, O.D.
Consultative Optometry

AUTHORIZE DO NOT
AUTHORIZE NOT APPLICABLE

Home answering
Machine

James E. Grove, O.D., F.A.A.O.
Consultative Optometry

With family members
at home

Work voice mail

Michelle M. Kubancik, O.D.
Consultative Optometry

Cell voice mail

Amy L. Hennessy, M.D., M.P.H.
Glaucoma Specialist

PLEASE INDICATE BELOW THE NAMES & RELATIONSHIPS OF THOSE
WHO WE MAY SPEAK TO REGARDING YOUR MEDICAL CARE, TEST
RESULTS, APPOINTMENTS, ACCOUNT, ETC.

(i.e. your children, spouse, parents, relatives, caregivers, nursing home staff, etc)

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