



**ANGELES  
Vision Clinic**

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## **NOTICE OF PRIVACY PRACTICE-ACKNOWLEDGEMENT**

We keep a record of the health care services we provide you. You may ask to see and to copy that record. You may also ask to correct that record. We will not disclose your record to others unless you direct us to do so or unless the law authorizes or compels us to do so.

Our Notice of Privacy describes in more detail how your information may be used and disclosed, and how you may access your information. You may request a copy of the Privacy Practices at any time.

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Patient or legal authorized individual signature

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Date

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Printed Name if signed on behalf of patient

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Date