

Looney Enterprises, LLC

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**NOTICE OF PRIVACY PRACTICES**

**ACKNOWLEDGEMENT OF RECEIPT**

I acknowledge that I received a copy of Looney Enterprises, LLC, Dr. Brian Looney, OD, Notice of Privacy Practices (effective September 23, 2013). I authorize Dr. Looney to share/discuss my health care information with the people listed below:

<b>Name (Please Print)</b>	<b>Relationship to Patient</b>

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_