



WRITTEN ACKNOWLEDGEMENT FORM OF NOTICE OF PRIVACY PRACTICES

I am a patient of Regional Eye Specialists. I hereby acknowledge receipt of Regional Eye Specialists Notice of Privacy Practices.

Name [please print]: _____

Signature: _____

Date: _____

OR

I am a parent or legal guardian of _____ [patient name]. I hereby acknowledge receipt of Regional Eye Specialists Notice of Privacy Practices with respect to the patient.

Name [please print]: _____

Relationship to Patient: ☐ Parent ☐ Legal Guardian

Signature: _____

Date: _____

This is in effect until the Privacy Notice would be updated.