

**Receipt of Notice of Privacy Practices
Written Acknowledgement Form.**

I, _____,

have received a copy of Manatee/Sarasota Eye Clinic's Notice of Privacy Practices that describes how my health information is used and shared. I understand that Manatee/Sarasota Eye Clinic has the right to change this notice at any time. I may obtain a current copy by contacting the doctor's office or by visiting their Web site at www.youreyedoctors.com.

My signature below indicates that I have been provided with a copy of the Notice of Privacy Practices.

Signature of Patient or Legal Representative

Date

If signed by legal representative, relationship to patient:
