



WRITTEN ACKNOWLEDGEMENT FORM

I am a patient of RICHENS EYE CENTER and hereby acknowledge receipt of their 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 RICHENS EYE CENTER'S Notice of Privacy Practices with respect to the patient name above.

Name [please print]: _____

Relationship to Patient: Parent Legal Guardian

Signature: _____

Date: _____