



ACKNOWLEDGEMENT OF RECEIPT

NOTICE OF PRIVACY PRACTICES

I hereby acknowledge that a copy of this office’s Notice of Privacy Practices has been made available to me and that the latest version of the Notice is available on the IdealEyes website (IdealEyesNC.com/forms). I have been given the opportunity to ask any questions I may have regarding this Notice.

Signature of patient or authorized representative

Date

Authorized representative’s name

Relationship