



**ACKNOWLEDGEMENT OF RECEIPT  
OF  
NOTICE OF PRIVACY PRACTICES**

**Dated May 23, 2012**

I, (name of Patient) \_\_\_\_\_, acknowledge and agree that I have received a copy of Pediatric Ophthalmology Consultants **Notice of Privacy Practices.**

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Patient Legal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Legal Representative

\_\_\_\_\_  
Relationship to Patient

**FOR CLINICAL USE ONLY:**

Pediatric Ophthalmology Consultants, made the following good faith efforts to obtain the above-referenced individual's written acknowledgement of receipt of the Notice of Privacy Practices