

# ACKNOWLEDGEMENT OF PRIVACY POLICY

Effective January 1, 2014

I have received, read and understood the Notice of Privacy Practices:

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Patient's Name (Print)

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Patient/Responsible Party Signature

Date

If there is anyone you would like to grant access to your account (including questions about balances/statements, protected health information and picking up glasses and/or contacts) please list the individual(s) below.

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Name

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Relationship

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Name

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Relationship

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Name

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Relationship

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Name

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Relationship