

ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES

Effective date August 1, 2018

I hereby acknowledge the Notice of Privacy Practices from Premier Glaucoma & Eye Center, and have been offered a copy of the privacy practices.

\_\_\_\_\_  
Today's date

\_\_\_\_\_  
Printed Name of Patient

\_\_\_\_\_  
Signature of Patient, Guardian, or Legal Representative

\_\_\_\_\_  
Relationship to patient (if signed by other than patient)