

**Eye Care Northeast, PC**  
**WRITTEN ACKNOWLEDGEMENT FORM**

I am a patient of Eye Care Northeast PC. I hereby acknowledge receipt of Eye Care Northeast's Notice of Privacy Practices.

Name [please print]: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

Accept:   
Decline:

OR

I am a parent or legal guardian of \_\_\_\_\_ [patient name].

I hereby acknowledge receipt of Eye Care Northeast's Notice of Privacy Practices with respect to the patient.

Name [please print]: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

Signature: \_\_\_\_\_  
Date: \_\_\_\_\_