

# ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES

- I was given and have read Corridor Family Eyecare Notice of Privacy Practice and agree to continue my care with Corridor Family Eyecare under said terms.
- I was given Corridor Family Eyecare Notice of Privacy Practices and declined to read it but wish to continue my care with Corridor Family Eyecare under the terms of Corridor Family Eyecare privacy policies.
- I have read Corridor Family Eyecare Notice of Privacy Practice and do not wish to continue my care with Corridor Family Eyecare under said terms.
- The Notice of Privacy Practice could not be read due to the emergency nature of the care or other reason described as

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I HAVE READ AND UNDERSTAND THIS FORM. I AM SIGNING IT VOLUNTARILY.

\_\_\_\_\_  
Patient

\_\_\_\_\_  
Date

If you are signing as a personal representative of the patient, please indicate your relationship.

\_\_\_\_\_  
Representative

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

I give permission to Corridor Family Eyecare to discuss my health care needs with \_\_\_\_\_ if I am unable to speak with them personally.