

**ACKNOWLEDGEMENT OF  
NOTICE OF PRIVACY PRACTICES  
Perspective Eye Care**

We respect our legal obligation to keep health information that identifies you private. We are obligated by law to give you notice of our privacy policies. This notice describes how we protect your health information and what rights you have regarding it. If you would like a copy of Perspective Eye Care's privacy policy please let us know.

I acknowledge that I have read or was given the opportunity to read Perspective Eye Care's Notice of Privacy Practices and wish to continue my care with Perspective Eye Care under the terms of Perspective Eye Care's privacy practices.

Patient Name: \_\_\_\_\_

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