

**Eye Care Specialists Northwest, PLLC**

The Children's Eye Doctors      The Family Eye Doctors      Woodlawn Optical

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OR PRIVACY PRACTICES

By my signature below, I acknowledge that I have **received** the Eye Care Specialists Northwest Notice of Privacy Practices

\_\_\_\_\_  
Patient's Name

\_\_\_\_\_  
Signature (Guardian signature if patient is less than 18 years of age)

\_\_\_\_\_  
Date

***This acknowledgement page should be retained in the patient's record. If acknowledgment could not be obtained or patient refused, document below.***

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\_\_\_\_\_  
Employee

\_\_\_\_\_  
Date