



SHARP EYE CONSULTANTS

Acknowledgement of Review of Notice of Privacy Practices

I have reviewed and understand SHARP EYE CONSULTANTS Notice of Privacy Practices, which explains how my medical information will be used and disclosed and how I can get access to my medical information. I know that I may have a copy of the Notice. I also know that from time to time, SHARP EYE CONSULTANTS may revise the Notice of Privacy Practices. If I want the revised Notice of Privacy Practice, I know I must ask for it.

X

Signature of Patient or Personal Representative

Date

Name of Patient or Authorized personal Representative