Patient Acknowledgement
Receipt of Privacy Notice

Under federal law, I am entitled to receive a copy of this *Notice* from my healthcare provider.

I understand that my signature on this Acknowledgement only signifies that I have received a copy of the *Notice*, and does not legally bind or obligate me in any way.

I understand that I am entitled to receive a copy of the *Notice of Privacy Practices* from my healthcare provider, whether I sign this Acknowledgement or not. I hereby affirm that I have received a copy of the *Notice of Privacy Practices* from Pacific Northwest Eye Associates.

_____
Name of Patient or Personal Representative (print)

_____
Signature of Patient or Personal Representative

_____
Description of Personal Representative's Authority (if applicable)