

Acknowledgement of Receipt Notice of Privacy Practices

*Manchester Eye Care Center, P.C.
Julie A. Marvin-Manders, O.D.
110 Riverside Drive
Manchester, MI 48158
734-428-2020*

Patient Name: _____

Patient Number: _____ Telephone Number: _____

Patient Address: _____

***Signing this document signifies that you have received or read a copy of our
Notice of Privacy Practices.***

In the course of providing service to you, we create, receive, and store health information that identifies you. It is often necessary to use and disclose this health information in order to treat you, obtain payment for our services, and to conduct healthcare operations involving our office. The Notice of Privacy Practices you have been given describes these uses and disclosures in detail.

I acknowledge that I have received the Notice of Privacy from Manchester Eye Care Center, P.C.

Signature _____
Date

If signing as a personal representative of the patient, describe the relationship to the patient.

Relationship to Patient _____
Print name