

**ACKNOWLEDGEMENT
OF
NOTICE OF PRIVACY PRACTICES**

The law requires that Jolly Good Eye Care make every effort to inform you of your rights related to your personal health information. By my signing below, I acknowledge that:

- I have read or had explained to me Jolly Good Eye Care’s Notice of Privacy Practice and agree to continue my care with Jolly Good Eye Care under said terms.
- I was given the opportunity to read Jolly Good Eye Care Notice of Privacy Practices and disagree but wish to continue my care with Jolly Good Eye
- The Notice of Privacy Practice could not be read due to the emergent nature of the care or other reason described as:

I HAVE READ AND UNDERSTAND THIS FORM. I AM SIGNING IT VOLUNTARILY.

Signature _____ Date _____

If you are signing as a personal representative of the patient, please indicate your relationship.

Signature _____ Date _____