

**CORESIGHT
Neuro-Ophthalmology LLC**

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ACKNOWLEDGMENT

NOTICE OF PRIVACY PRACTICES: I have been offered/presented with a copy of the Notice of Privacy Practices, detailing how my health information may be used and disclosed as permitted under Federal and State law, and outlining my rights regarding my health information.

Only need to sign once at first appointment.

Patient Name/or Authorized Patient's Representative: _____

Signature: _____

Date: _____