

Acknowledgment of Albemarle Eye Center, PLLC Notice of Privacy Practices

The signature below only acknowledges receipt of the Albemarle Eye Center, PLLC Notice of Privacy Practices, effective date **14 April, 2003.**

Signature of Patient/Patient Representative _____ Date _____

Name of Patient/Representative _____ Relationship to Patient (If Applicable) _____

DOB/SSN _____ / _____ - _____ - _____

Patient /Representative Declined to Sign _____ AEC Staff Initials