

**ACKNOWLEDGEMENT
OF
NOTICE OF PRIVACY PRACTICES**

The law requires that Coos Bay Vision Center 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 Coos Bay Vision Center's Notice of Privacy Practice and agree to continue my care with Coos Bay Vision Center. Our NPP is available online at www.coosbayvision.com, posted in our lobby or you can request a paper copy by calling the office @541-267-4224

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

Patient

Date

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

Representative

Relationship to Patient