

# THE EYE CENTER

## ACKNOWLEDGEMENT OF PRIVACY NOTICE RECEIPT

I HAVE BEEN PROVIDED A COP OF THE NOTICE OF PRIVACY PRACTICES FOR ROBERT C. FELDMAN, M.D., P.A. WITH AN EFFECTIVE DATE OF APRIL 14, 2003.

\_\_\_\_\_  
Signature of patient or patient's representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Print) Name of patient or patient's representative

\_\_\_\_\_  
If applicable, relationship to patient