

Eye Physicians and Surgeons, Inc.

Diseases and Surgery of the Eye • Cornea and External Disease • Refractive Surgery
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Acknowledgement Form Notice of Privacy Practices

By signing this form, you acknowledge that you have read the Notice of Privacy Practices for Eye Physicians and Surgeons, Inc., which describes Eye Physicians and Surgeons' use and disclosure of your individually identifiable health information and your rights with respect to this information.

If you refuse to sign this form but receive health care from Eye Physicians and Surgeons, Inc., you have implicitly consented to Eye Physicians and Surgeons' use and disclosure of your individually identifiable health information as described in our Notice of Privacy Practices.

Patient Signature: _____

Patient Name (Printed): _____

Date: _____ / _____ / _____

If a patient is unable/unwilling to acknowledge receipt or is a minor, complete the following:

Patient is:	_____	A Minor
	_____	Unable
	_____	Unwilling

Signature of Personal Representative (if applicable):

Relationship to Patient: _____

Personal Representative's Name: _____