

PALMETTO RETINA CENTER

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

By signing below, I state that I have reviewed a copy of the Palmetto Retina Center, LLC's Notice of Privacy Practices, effective April 14, 2003. I am aware that I can receive a copy at my request.

PATIENT NAME:

DATE:

SIGNATURE:

If signature is not that of the patient, indicate below the relationship of the person signing for the patient:

- PARENT LEGAL GUARDIAN SPOUSE CAREGIVER
 OTHER _____

If patient or patient's representative does not sign, indicate the reason why signature could not be obtained:

PRC STAFF MEMBER SIGNATURE:

DATE: