

**VIRGINIA BEACH EYE CENTER
PATIENT PRIVACY NOTICE
Written Acknowledgement Form**

This document verifies that Virginia Beach Eye Center's **Notice of Privacy Practices** have been made available to me.

Print Name: _____

Signature: _____

Date: _____

1. Who may we speak with regarding your treatment?

Name: _____ Relation: _____

Contact Number: _____

Name: _____ Relation: _____

Contact Number: _____

2. Who may we speak with regarding your billing account?

Name: _____ Relation: _____

Contact Number: _____

Name: _____ Relation: _____

Contact Number: _____