

**Please sign the Notice of Privacy Practices. If you would like a copy, we can provide you one at your appointment.**

**ACKNOWLEDGEMENT OF RECEIPT**

I acknowledge that I received a copy of (Dale L. DeConcilis, O.D. or Ashley D. Mowl, O.D.) Notice of Privacy Practices.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_