

Fishman & Sheridan Eye Care Specialists

WRITTEN ACKNOWLEDGEMENT FORM

I am a patient of Fishman & Sheridan Eye Care Specialists. I hereby acknowledge receipt of Fishman & Sheridan Eye Care Specialists Notice of Privacy Practices.

Name [please print]: _____

Signature: _____

Date: _____

OR

I am a parent or legal guardian of _____ [patient name].
I hereby acknowledge receipt of Fishman & Sheridan Eye Care Specialists Notice of Privacy Practices with respect to the patient.

Name [please print]: _____

Relationship to Patient: Parent Legal Guardian

Signature: _____

Date: _____