

## Acknowledgement

I acknowledge that on \_\_\_\_ day of \_\_\_\_\_, 201\_\_\_\_, I received a copy of Dr. Bradley Knox, O.D. and Knox Eyecare, PC Notice of Privacy Practices.

Dated this \_\_\_\_ day of \_\_\_\_\_, 201\_\_\_\_

\_\_\_\_\_

or \_\_\_\_\_

Legal Guardian or Personal Representative  
(or other relationship)

(Note: It is recommended that you get the signature of the patient if an adult, even if it is questionable that the patient has the capacity to understand, as long as the patient is not under guardianship, but if there is a family member involved in making decisions and care, that person should sign off as well.)