

RETINA CARE SPECIALISTS

ACKNOWLEDGEMENT OF OFFER/RECEIPT OF HIPAA PRIVACY POLICY

Retina Care Specialists, LLP is required by law to offer you a copy of our Notice of Privacy Practices. To ensure that our records are accurate, please sign this form and return it to our receptionist to acknowledge that you have been offered or provided with a copy of our notice.

Printed name of patient

Signature of patient

Witness

Date

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