

Eye Associates of Green Bay, SC2020 Riverside Dr, Ste 201, Green Bay, WI 54301-2300 • Phone: 920-965-4700 • Fax: 920-965-4701

ACKNOWLEDGEMENT OF RECEIPT OF **NOTICE OF PRIVACY PRACTICES**

l,	acknowled	ge that I have bee	n offered a
(Patient's Name)		,	
copy of Eye Associates of Green Bay, SC's Notic	e of Privacy Practice	S.	
This notice describes how Eye Associates of Gre health information, certain restrictions on the use rights I may have regarding my protected health i	and disclosure of my		
(Signature of Patient or Personal Representative)			(Date)
Signer's Relationship to Patient _ Self _ Parent _ Legal Guardian _ Oth	ner		
Please list below names and relationships of anyodiscussed with.			
Name	Relationship	Patient Initials	Date

Revised: 06/23/2015