

**PRIVACY PRACTICES ACKNOWLEDGEMENT**

Family Eyecare  
of Rhode Island  
2374 Post Road  
Warwick, RI 02886

**ACKNOWLEDGEMENT FORM**

I have received the Notice of Privacy Practices and I have been provided an opportunity to review it.

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_