

Sullivan - Ostoich Eye Care, LTD

1415 Palatine Road
Hoffman Estates, IL 60192

Ph 847-776-8900
Fax 847-776-8922

Acknowledgement of receipt of Notice of Privacy Practices

We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to protected health information.

Signature below is only acknowledgement that you have received this Notice of Privacy Practices.

I, _____, have received the **NOTICE of PRIVACY PRACTICES** from Sullivan Ostoich Eye Care, LTD.

I do NOT object to:

Phone calls to my – home _____, place of employment _____, cell phone _____

Messages left on my answering machine/voice mail _____

Messages left with someone in my household _____

Please note: All mail will be sent to your home address and no information will be FAXed or emailed to you or others without your written permission.

Signature of Patient or Legal Guardian

Date

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In lieu of patient's signature, I _____, a staff member of, Sullivan Ostoich Eye Care, LTD, state that a good faith effort has been made to obtain the individuals acknowledgement. M _____ has been given our current **Notice of Privacy Practices**.