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MODERN EYES OPHTHAMOLOGY

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I, (print Patient's name) _____ acknowledge that I have received a copy of Modern Eyes' Notice of Privacy Practices.

Patient Signature

Date

Patient Legal Representative (if applicable)

Date

Print Name of Legal Representative

Date

I authorize the disclosure of my private health insurance information to the following people:

Name

Relationship

Phone#

FOR PRACTICE USE ONLY:

Modern Eyes made the following good faith efforts to obtain the above-referenced Patient's written acknowledgment of receipt of the Notice of Privacy Practices:

Identify the efforts that were made to obtain the individual's written acknowledgement, including the reasons (if known) why the written acknowledgement was not obtained.

Examples:

- Patient was asked to sign upon check-in but refused to do so
- Because of medical condition, Patient physically unable to sign acknowledgement