

**DR. ALEC PERLSON, OD**  
**OPTOMETRIST**

**WWW.drspecs2020.com**

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

I, \_\_\_\_\_, (Patient's Name)

Acknowledge receipt this day from DR. ALEC PERLSON, OD of a copy of the NOTICE OF PRIVACY PRACTICES OF DR. ALEC PERLSON, OD.

DATE: \_\_\_\_\_

PATIENT'S SIGNATURE \_\_\_\_\_  
received by : \_\_\_\_\_

THE COMPLETE FORM TO BE PLACED IN PATIENT'S CHART: