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KUNESH EYE CENTER, INC.  
NOTICE OF PRIVACY PRACTICES FOR  
PROTECTED HEALTH INFORMATION

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ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

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I have received Kunesh Eye Center Inc.'s Notice of Privacy Practices and understand that my protected health information may be used by Kunesh Eye Center, Inc. as described in the notice.

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Signature of Patient or Personal Representative

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Date

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Printed Name of Patient or Personal Representative

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Patient Account #

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Description of Personal Representative's Authority