

**PELINI EYECARE  
328 S MICHIGAN AVE  
CHICAGO, IL 60604  
(312) 427-6720**

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**ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES AND  
PATIENT BILL OF RIGHTS**

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By signing below you:

- Acknowledge that you have been provided with a copy of the Privacy Practices and Patient Bill of Rights;
- Acknowledge that you understand and accept the terms outlined in the aforementioned documents;
- Acknowledge that you understand that you may request additional copies of the aforementioned documents at any time.

Printed name of Patient: \_\_\_\_\_

Signature of Patient or Representative: \_\_\_\_\_

Date signed: \_\_\_\_\_

If Representative's signature appears above, please describe the relationship to the

Patient: \_\_\_\_\_