

Modern Eyecare Center, LLC
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NOTICE OF PRIVACY PRACTICES
ACKNOWLEDGEMENT OF RECEIPT

This notice is effective as of December 1, 2008. This notice will expire seven years after the date upon which the record was created. By the signing below, I acknowledge that I have received a copy of this notice.

Patient Name (Printed) _____ Date: _____

Patient Signature _____

Personal Representative (Printed) _____

Personal Representative Signature _____

Description of Personal Representative's Authority to Act for the Patient _____