

**DOUGAL, McCLELLAN & SULLIVAN EYE ASSOC., SC**  
**7447 W. Talcott Ave., #300, Chicago, IL 60631**  
**773-775-0811**

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

We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to protected health information.

Signature below is only acknowledgement that you have received this Notice of our Privacy Practices:

I, \_\_\_\_\_, have received the NOTICE OF PRIVACY PRACTICES from Dougal, McClellan & Sullivan Eye Associates, SC.

**I DO NOT OBJECT TO:**

Phone calls to my \_\_\_\_\_ home \_\_\_\_\_ place of employment \_\_\_\_\_ cell phone

\_\_\_\_\_ Messages left on my answering machine/voice mail.

\_\_\_\_\_ Messages left with someone in my household.

\_\_\_\_\_ **I give my permission for the doctor & staff to speak with my family and/or friends regarding my medical needs.** \_\_\_\_\_

Please Note: All mail will be sent to your home address and no information will be FAXed or emailed to you *without your written permission*.

\_\_\_\_\_  
Signature Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Legal Guardian or Representative

\_\_\_\_\_  
Relationship to Patient

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In lieu of patient's signature, I \_\_\_\_\_, a staff member of Dougal, McClellan & Sullivan Eye Associates, SC, state that a good faith effort has been made to obtain the individuals acknowledgment. \_\_\_\_\_ has been given our current NOTICE OF PRIVACY PRACTICES.