

Ottawa Eyecare LLC
1518 N. Perry Street
Ottawa, OH 45856
419-523-5670 419-523-4025 Fax

ACKNOWLEDGEMENT OF RECEIPT

I acknowledge that I received a copy of the Notice of Privacy Practices from the Office of Ottawa Eyecare.

Patient Name: _____

Signature: _____ Date _____
(Patient/Parent/Guardian/Power of Atty./Other)