

**EPSTEIN EYE ASSOCIATES
CHRISTIANA OFFICE PAVILION
169 CHRISTIANA ROAD
NEW CASTLE, DE 19720**

**ACKNOWLEDGEMENT OF RECEIPT
OF NOTICE OF PRIVACY PRACTICES (NPP)**

I acknowledge that I received a Notice of Privacy Practices (NPP) from
Epstein Eye Associates:

Patient Name (*please print*): _____

Patient (*or Guardian*) Signature: _____

Date: _____