

# Acknowledgement of Receipt of Notice of Privacy Practices

**J. Ellis Cosby, O.D.,P.C.**  
**2616 Pointe North BLVD.**  
**Albany, Ga. 31721**  
**229-435-7795**

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**Please list names of those that you will allow to receive health and billing information related to you or the patient you are representing.**

_____	_____
_____	_____

**I acknowledge that I have received the *Notice of Privacy Practices* from J. Ellis Cosby, O.D., P.C.**

_____	_____
Signature	Date

If signing as a personal representative of the patient, describe the relationship to the patient and the source of authority to sign this form:

_____	_____
Relationship to Patient	Print Name

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