

RETINA OF COASTAL CAROLINA  
1801 New Hanover Medical Park Drive  
Wilmington, NC 28403  
910-254-2023

ACKNOWLEDGEMENT OF RECEIPT OF  
NOTICE OF PRIVACY PRACTICES

I hereby acknowledge receipt of the Notice of Privacy Practices of Retina of Coastal Carolina originally dated April 14, 2003, amended September 2011 and revised September 16, 2013.

Print Name: \_\_\_\_\_  
Patient

Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

Print Name of Guardian/Parent Signing on behalf of Minor/Incapacitated Person:

\_\_\_\_\_  
(If applicable)