

**GOOD EYECARE OPTOMETRY CENTER
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
Good Eyecare Optometry Center:

Patient Name *(please print)*: _____

Patient *(or Guardian)* Signature: _____

Date: _____