



Cornerstone
Eye Associates

www.cornerstoneeye.com

Acknowledgement of

Receipt of Notice

Gates Location

2300 Buffalo Road, Bldg 700
Rochester, NY 14624
585-328-0153

Brighton Location

160 Sawgrass Drive, Suite 220
Rochester, NY 14620
585-244-2200

Irondequoit Location

485 Titus Avenue, Suite A
Rochester, NY 14617
585-266-7880

I hereby acknowledge that a copy of **Cornerstone Eye Associates Notice of Privacy Practices** was made available to me. YES NO (circle one)

Signed: _____ Date: _____

Print Name: _____ Phone: _____

If not signed by the patient, please indicate relationship:

- Parent or guardian of minor patient
- Guardian or conservator of an incompetent patient

Name of patient: _____

I authorize the following people to discuss my protected health information with
Cornerstone Eye Associates

Do not disclose my protected health information to anyone other than myself

For office use only

Signature obtained CEA representative _____

Acknowledgement refused

Reasons for refusal: _____