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The Center for Eye Care and Optical

**RECEIPT OF NOTICE OF PRIVACY PRACTICES
WRITTEN ACKNOWLEDGEMENT FORM**

I, _____ have reviewed a copy of The Center for Eye
Care and Optical's notice of Privacy Practices.

Signature of Patient/Guardian if under 18

Date

James F. Collins, M.D., F.A.C.S.

Cataract/IOL, Anterior Segment Surgery
& General Ophthalmology

Gregory C. Persak, M.D., F.A.C.S.

Cataract/IOL, Anterior Segment Surgery
& General Ophthalmology

N. Gila Zilkha, M.D.

Diseases & Laser Surgery of the Retina
& General Ophthalmology

Michelle E. Liebert, M.D.

Pediatric Ophthalmology
Pediatric & Adult Strabismus Surgery

Alexander Rabinovich, M.D.

Ophthalmic & Reconstructive Surgery

Andrew N. Bainnson, M.D.

Glaucoma & General Ophthalmology

George F. Wollman, O.D.

Optometrist

Todd H. Lustig, O.D.

Optometrist

Kristin Protosow, O.D.

Optometrist

Monika Murawska, O.D.

Optometrist