

MARTINEZ EYE ASSOCIATES
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(706) 736-3937

Acknowledgment of Receipt of Notice of Privacy Practices

I, patient, have received a copy of this office's Notice of privacy practices.

Print Name

Signature

Date

FOR OFFICE USE

We attempted to obtain written acknowledgment of the receipt of Privacy Practices, but acknowledgment could not be obtained because:

Individual refused to sign

An emergency situation prevented us from obtaining acknowledgment:

Other