

MOHAVE EYE CENTERS

Acknowledgement of Receipt of Notice of Privacy Policies

I, _____ have received a copy of
Mohave Eye Centers Notice of Privacy Policies.

Name (print)

Signature of Patient or Personal Representative

Date

Relationship to Patient

OFFICE USE ONLY

On _____, an Acknowledgement of Receipt of Notice of Privacy Policies form was
delivered. The form was not signed due to:

- Communication barriers which prevent acknowledgement
- An emergency which prevents acknowledgement
- A refusal to sign
- Other: _____