

4A: Acknowledgement of Receipt of Privacy Notice



Hattiesburg Eye Clinic, P.A.

100 West Hospital Drive • Hattiesburg, Mississippi 39402
(601) 268-5910

**Hattiesburg Eye Clinic
Cataract & Lasik Surgery Center, LLC**

103 Millsaps Drive • Hattiesburg, MS 39402
(601) 268-9959

Acknowledgement of Receipt of
Notice of Privacy Practices

**I hereby acknowledge receipt of a Notice of Privacy Practices from
Hattiesburg Eye Clinic.**

Signature of Patient/Authorized Representative

Date

Printed Name of Patient/Authorized Representative

Date

If Authorized Representative, Relationship to Patient: _____

Witness Signature

Date

The Following Persons Authorized to my medical records

Name

Name

Name

Name

Name

Name

Signature

Date

Unable to obtain acknowledgement of receipt of Notice of Privacy Practices because:

Signature

Date