



*Board-Certified Medical and Surgical Ophthalmologists  
Fellows of the American Academy of Ophthalmology*

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### Notice of Privacy Practices Acknowledgement

Notice to Patient:

We are required to provide you with a copy of Avery Eye Clinic's Notice of Privacy Practices, which states how we may use and/or disclose your health information. Please sign this form to acknowledge receipt of the Notice of Privacy Practices. If you wish, you may refuse to sign this acknowledgement.

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I acknowledge that I have received a copy of Avery Eye Clinic's Notice of Privacy Practices.

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Signature of Patient or Responsible Party if a minor

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Printed Patient Name

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Date

#### FOR OFFICE USE ONLY

We have made every effort to obtain written acknowledgement of the receipt of Avery Eye Clinic's Notice of Privacy Practices from the above-named patient, but it could not be obtained because:

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Employee Signature

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Date

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400 South Loop 336 West  
Conroe, TX 77304  
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**Huntsville**  
3361 Montgomery Road.  
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