

ACKNOWLEDGEMENT OF RECEIPT

I acknowledge that I received a copy of Teresa Seim, O.D., Mattawan Family Eye Care's Notice of Privacy Practices.

Patient name (print) _____

Guardian's name (if patient is a minor) _____

Patient or Guardian Signature _____

Date _____

Please choose one of the following:

It is ok to leave messages at the phone numbers listed on my account

It is NOT ok to leave messages at the phone numbers listed on my account