

**HIPAA PRIVACY NOTIFICATION**

I, \_\_\_\_\_  
Have read and understand the HIPAA Privacy Notification for Ophthalmology  
Specialists of Texas, PLLC.  
A copy has been made available to me upon my request.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

If not signed, reason why acknowledgment not obtained: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Staff witness seeking acknowledgment:

Signed: \_\_\_\_\_

Date: \_\_\_\_\_