

# Acknowledgement of Receipt of Notice of Practices

Fullerton Eyes Optometry  
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Effective Date: April 14, 2003

I hereby acknowledge that I received a copy of the Notice of Privacy Practices for the above medical practice. I further acknowledge that a copy of the current is posted in the next reception area and that any amended notice of Privacy Practices will be made available at my next appointment.

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

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

**Print Name:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

***If not signed by the patient indicate:***

**Relationship:**

- Parent or guardian of minor patient
- Guardian or conservator of an incompetent patient
- Beneficiary or personal representative of deceased patient

**Name of Patient:** \_\_\_\_\_