

DR. ALEC PERLSON, OD
OPTOMISTRIST

WWW.Drspecs2020

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I, _____, (Patients Name)

Acknowledge receipt this day from DR. ALEC PERLSON, OD of a copy of the NOTICE OF PRIVACY PRACTICES OF DR. ALEC PERLSON, OD.

DATE: _____

PATIENTS SIGNATURE _____

received by : _____

THE COMPLETE FORM TO BE PLACED IN PATIENT'S CHART: