



## Acknowledgement of Receipt of Notice

**Sierra Eye Medical Group, Inc. (SEMG) &  
Sierra Ambulatory Surgery Center, A Medical Corporation (SASC)  
2828-2830 W. Main St., Visalia, CA 93291-4300**

**Privacy Official:**

**Deborah Navarrette (SEMG & SASC) – Phone (559) 636-1000, Ext. 225**

I hereby acknowledge that I received a copy of this medical practice's Notice of Privacy Practices.

**The most current Notice of Privacy Practices is on our website [www.sierraeyegroup.com](http://www.sierraeyegroup.com).**

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

Print Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Account # \_\_\_\_\_

If not signed by the patient, please indicate your relationship to the patient:

- parent or guardian of minor patient
- guardian or conservator of an incompetent patient
- beneficiary or personal representative of deceased patient

Name of patient: \_\_\_\_\_

Account # \_\_\_\_\_

I authorize \_\_\_\_\_ (Relation) \_\_\_\_\_ (DOB) \_\_\_\_\_

access to all my Patient Health Information (excluding): Please specify \_\_\_\_\_

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### For Office Use Only:

Signed form received by: \_\_\_\_\_

Acknowledgement refused:

Efforts to obtain:

\_\_\_\_\_

Reasons for refusal:

\_\_\_\_\_