

**PRIVACY PRACTICES ACKNOWLEDGEMENT**

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Eye Clinic of Meridian • Butler Eye Center • Livingston Eye Center • Meridian Eyecare

**ACKNOWLEDGEMENT FORM**

I have received the Notice of Privacy Practices and I have been provided an opportunity to review it.

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_