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## Acknowledgement Of Notice Of Privacy Practices

The law requires that Maria G. Ceballos-Corral OD & Griselda Benavides OD make every effort to inform you of your rights related to your personal health information. By my signing below, I acknowledge that

- I have read or had explained to me Maria G. Ceballos-Corral OD & Griselda Benavides OD Notice of Privacy Practice and agree to continue my care with Maria G. Ceballos-Corral OD & Griselda Benavides OD under said terms.
- I was given the opportunity to read Maria G. Ceballos-Corral OD & Griselda Benavides OD's Notice of Practices and decline but wish to continue my care with Maria G. Ceballos-Corral OD & Griselda Benavides OD under the terms of Maria G. Ceballos-Corral OD & Griselda Benavides OD's privacy policies.
- I have read or had explained to me Maria G. Ceballos-Corral OD & Griselda Benavides OD and do not wish to continue my care with Maria G. Ceballos-Corral OD & Griselda Benavides OD under said terms.
- The Notice of Privacy Practice could not be read due to the emergent nature of the care or other reason described as.

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**I HAVE READ AND UNDERSTAND THIS FORM, I AM SIGNING IT VOLUNTARILY**

\_\_\_\_\_  
Patient

\_\_\_\_\_  
Date

If you are signing as a personal representative of the patient, Please indicate your relationship.

\_\_\_\_\_  
Representative

\_\_\_\_\_  
Date

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