

**MARTINEZ EYE ASSOCIATES**  
3412 Wrightsboro Road  
Suite 905  
Augusta, GA 30909  
(706) 736-3937

**Acknowledgment of Receipt of Notice of Privacy Practices**

I, patient, have received a copy of this office's Notice of privacy practices.

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Print Name

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Signature

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Date

**FOR OFFICE USE**

We attempted to obtain written acknowledgment of the receipt of Privacy Practices, but acknowledgment could not be obtained because:

Individual refused to sign

An emergency situation prevented us from obtaining acknowledgment:

Other