Michael R. Schmit, O.D.
5823 Cheviot Road
Cincinnati, Ohio 45247
513-741-8811

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

You may refuse to sign this acknowledgement

I, _____ (PRINT NAME)

( ) HAVE RECEIVED A COPY OF THE NOTICE OF PRIVACY PRACTICES

( ) HAVE PREVIOUSLY RECEIVED A COPY OF THE NOTICE OF PRIVACY PRACTICES

( ) DO NOT WANT A COPY OF THE NOTICE OF PRIVACY PRACTICES

SIGNATURE OF PATIENT: _____ DATE: _____
INITIAL

SIGNATURE OF PATIENT: _____ DATE: _____
IF NO CHANGES

SIGNATURE OF PATIENT: _____ DATE: _____
IF NO CHANGES

SIGNATURE OF PATIENT: _____ DATE: _____
IF NO CHANGES

SIGNATURE OF PATIENT: _____ DATE: _____
IF NO CHANGES