



OKLAHOMA RETINA, PLLC

N.E. Srouji, M.D.

DISEASES AND SURGERY OF THE RETINA AND VITREOUS

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICE

I _____ acknowledge that I have received a copy of
(Patient Name)

Oklahoma Retina, PLLC Notice of Privacy Practices. This Notice describes how

Oklahoma Retina, PLLC may use and disclose my protected health information, certain

restrictions on the use and disclosure of my healthcare information, and rights I may

have regarding my protected health information.

Signature of Patient, or Personal Representative

Date

Relation to Patient