

Coronado Eye Associates

Glenn B. Cook, M.D., Ph.D.

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HIPAA COMPLIANCE PLAN – PRIVACY RULE

**PF-2000 ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY
PRACTICES**

Our practice reserves the right to modify the privacy practices outlined in the notice.

I have received a copy of the Notice of Privacy Practices for the medical practice of Glenn B. Cook, M.D., Ph.D.

NAME OF PATIENT (PRINT)

SIGNATURE OF PATIENT

DATE

SIGNATURE OF PATIENT REPRESENTATIVE

Required if the patient is a minor or an adult who is unable to sign this

form

RELATIONSHIP OF PATIENT REPRESENTATIVE TO PATIENT