

**ACKNOWLEDGEMENT OF RECEIPT  
OF  
NOTICE OF USES AND DISCLOSURES  
OF PROTECTED HEALTH INFORMATION  
FOR  
Dennis I. Maehara, M.D.  
Jeffrey Maehara, M.D.**

I have read the Notice of Uses and Disclosures of Protected Health Information (the "Notice") that is posted in your office. I was informed that I may also obtain a printed copy of the Notice from your receptionist. I hereby acknowledge that I received from Maehara Eye Clinic a copy of the Notice.

---

Print Your Name

---

Signed

---

Date