
ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

* You May Refuse to Sign This Acknowledgement *

I, _____, have had the opportunity to review this
offices Notice of Privacy Practices. A copy may be obtained upon request from any Vision
Center Associate.

Please Print Name

Signature

Date

For Office Use only

We attempted to obtain written acknowledgement of receipt of our Notice or Privacy Practices, but
acknowledgement could not be obtained because:

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please specify)
