

**HIPAA PRIVACY
ACKNOWLEDGMENT OF RECEIPT
OF
NOTICE OF PRIVACY PRACTICES**

I, _____ [Please PRINT full legal name of the "Patient" or "Patient's legal representative], have been presented with the Notice of Privacy Policy of *McLeod Eye Associates, P.C.*, and have been offered a copy of such policy for my records. *(Please initial one below)*

_____ I hereby acknowledge that I have been provided with a copy of the Policy.

_____ I hereby refuse to acknowledge the receipt of the Policy. I understand that even though I may refuse to sign this acknowledgment, Provider may still provide treatment to me.

Signature

Date

For Office Use Only

I, _____, acting as _____ [relationship to or official position with Provider] for Provider attempted to obtain the written acknowledgment of receipt of the Policy of Provider on _____ [date], but acknowledgment could not be obtained because: *(initial one below)*

_____ Patient or Patient's legal representative refused to sign.

_____ Patient or Patient's legal representative could not be communicated with sufficient to obtain acknowledgment.

_____ Emergency circumstances prevented securing acknowledgment.

_____ Other (Please specify) _____

Signature of Provider representative

Date