HIPAA PRIVACY ACKNOWLEGMENT 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 Pr	ivacy Policy	
of McLeod 1	Eye Associates, P.C., and have be	en offered a copy of such police	ey for my	
records.	(Please initial one below)	The state of the s	7) 101 111)	
I he	ereby acknowledge that I have be	en provided with a copy of the	Policy.	
I he	ereby refuse to acknowledge the	receipt of the Delieve Lundameter	and that array	
though I may	ereby refuse to acknowledge the refuse to sign this acknowledge	eceipt of the Policy. I understa	and that even	
me.	refuse to sign this acknowledging	ient, Flovider may still provide	realment to	
me.				
		Signature	Data	
		Signature	Date	
	For Office	Ugo Only		
	For Office	Use Only		
I,		5-1	1.	
or official po	, acting as sition with Provider] for Provider	s[rel	ationship to	
or official po	ment of receipt of the Delice of B	r attempted to obtain the writte	n	
acknowledge	ment of receipt of the Policy of P	rovider on	[date], but	
acknowledgi	nent could not be obtained becau	se: (initial one below)		
Dot	iont on Dationals 11	6 1, :		
Pai	ient or Patient's legal representati	we refused to sign.		
Dot	ient or Patient's legal representati		•.1	
sufficient to	ient or Patient's legal representati obtain acknowledgment.	we could not be communicated	with	
sufficient to	obtain acknowledgment.			
Em	argancy giroumstances mayonte	l gogymin a galaranal a larranat		
EIII	ergency circumstances prevented	i securing acknowledgment.		
Oth	er (Please specify)			
	er (riease speerry)			
			8	
	,			
,	Signatur	e of Provider representative	Date	