



RETINA ASSOCIATES

Experts in Medical & Surgical Eyecare

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ACKNOWLEDGMENT: RECEIPT OF NOTICE OF PRIVACY PRACTICES

I have received a copy of Retina Associates' Notice of Privacy Practices effective **September 23, 2013**.

Patient Name (please print): _____

Signature: _____ Date: _____

I am a parent or legal guardian of _____ (patient name).

I have received a copy of Retina Associates' Notice of Privacy Practices effective **September 23, 2013**.

Name of **parent/legal guardian** (please print): _____

Relationship to Patient: Parent Legal Guardian

Signature: _____ Date: _____

FOR OFFICE USE ONLY

If the individual or parent/legal guardian did not sign above, staff must document when and how the Notice was given to the individual, why the acknowledgment could not be obtained, and the efforts that were made to obtain it.

Notice of Privacy Practices effective [date] given to individual on _____ (date)

In Person Mailing Email Other _____

Reason individual or parent/legal guardian did not sign this form:

- Did not want to
- Did not respond after more than one attempt
- Other _____

The following good faith efforts were made to obtain the individual or parent/legal guardian's signature. Please document with dates, times, individuals spoken to, and outcome, as applicable, the efforts that were made to obtain the signature. More than one attempt must be made.

- In person conversation : _____
- Telephone contact: _____
- Mailing: _____
- Email: _____
- Other : _____

Staff Name (please print): _____ Title: _____

Signature: _____ Date: _____