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: ________________________________