

NISWANDER EYE CENTER

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

You may Refuse to Sign This Acknowledgment

I have been offered a copy of this office's Notice of Privacy Practices.

I give permission for messages to be left on my answering machine or voice mail. If no, please write the word NO here_____.

I give my permission for the Niswander Eye Center to speak to the following person/people on my behalf:

Name Relationship

Name Relationship

Name Relationship

.....
Signature_____

Please Print Name_____

If signing for a minor, name of patient_____

Date_____

.....
FOR OFFICE USE ONLY

Attempted to obtain written acknowledgment of receipt of Notice of Privacy Practices, but Acknowledgment could not be obtained because:

_____ Individual refused to sign

_____ Communication barriers prohibited obtaining the acknowledgment

_____ An emergency situation prevented obtaining acknowledgment

_____ Other: