

*Dr. Viviani's Total Vision Care*

# Acknowledgement of Receipt of Notice of Privacy Practices

I, \_\_\_\_\_, have received a copy of this office's Notice of Privacy Practices.

Please Print Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

\_\_\_\_\_

## For Office Use Only

Purpose of this form is used to obtain acknowledgement of receipt of our Notice of Privacy Practices or to document our good faith effort to obtain that acknowledgement.

### **You May Refuse to Sign This Acknowledgement**

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement (Please Specify)

\_\_\_\_\_

\_\_\_\_\_