

**Acknowledgement of Receipt of Notice of Privacy Practices for Protected Health Information**

I acknowledge that I have received Horizon Eye Care Group, P.C.'s Notice of Privacy Practiced for protected health information.

Date: \_\_\_\_\_

Name of Patient: \_\_\_\_\_

Signature of Patient: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

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**Office Use Only**

*Documentation of Good Faith Effort to Obtain Written Acknowledgement*

I made a good faith effort to obtain the patient's written acknowledgement of our Notice of Privacy Practices for protected health information by:

- Showing the patient the Notice of Privacy Practices posted in our office.
- Giving the patient a copy of our Notice of Privacy Practices to read prior to receiving any treatment or service.
- Giving the patient all necessary information to obtain our Notice of Privacy Practices on our website.
- Asking the patient to sign this form.
- Other \_\_\_\_\_  
\_\_\_\_\_

I was unable to obtain the patient's written acknowledgement because:

- The patient refused to sign this form
- The patient did not understand the notice
- Other \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Notes: This written acknowledgement must be completed no later than the first date health care services or treatment is provided to the patient after April 14, 2003. This acknowledgement must be retained in the patient's permanent record.