

**HIPPA PRIVACY**

Acknowledgement of Receipt of Notice of Privacy Practices

I, \_\_\_\_\_ (Please print your full legal name here) (the "Patient" or the "Patient's Legal Representative"), have been presented with a notice of Privacy Policy (the "Policy") of Wear Eyewear and have been offered to keep such a policy to keep for our records.

\_\_\_\_\_ (please initial here) I hereby acknowledge that I have been provided with a copy of the Policy.

\_\_\_\_\_ (please initial here) I hereby refuse to acknowledge receipt of the Policy. I understand that even though I may refuse to sign this acknowledgement, Provider may still treat me.

\_\_\_\_\_  
Signature of Patient Date

**For Office Use Only**

I, \_\_\_\_\_ (Please print your full legal name here), acting as \_\_\_\_\_ (please print relationship to or official position with Provider) for provider attempted to obtain the written acknowledgement of receipt of the Policy of the provider on \_\_\_\_\_ (insert date attempt was made), but acknowledgement could not be obtained because:

\_\_\_\_\_ (please initial here) Patient or Patient's legal representative refused to sign.

\_\_\_\_\_ (please initial here) Patient or Patient's legal representative could not be communicated with sufficient to obtain acknowledgement.

\_\_\_\_\_ (please initial here) Emergency circumstance prevented securing acknowledgement.

\_\_\_\_\_ (please initial here) Other (please specify)

\_\_\_\_\_  
\_\_\_\_\_