

**HIPAA
ACKNOWLEDGMENT OF RECEIPT
OF REVISED 2013
NOTICE OF PRIVACY PRACTICES**

I, _____
(PRINT full name of patient or patient's legal representative)
Have been presented with the Notice of Privacy Policy of DEBOER O.D., LTD and have
been offered a copy of such policy for my records.

_____(initial here) I hereby acknowledge that I have been provided with a copy of the
policy.

_____(initial here) I hereby refuse to acknowledge receipt of the Policy. I understand
that even though I may refuse to sign this acknowledgment, the Dr. may still provide
treatment to me.

Signature of Patient or Legal Representative Date

For Office Use Only

I, _____, acting as Patient Care
Consultant for DEBOER O.D., LTD attempted to obtain the written acknowledgment of
receipt of the Policy of DEBOER O.D., LTD on _____, but
acknowledgment could not be obtained because:

Patient or Patient's legal representative refused to sign.

Patient or Patient's legal representative could not be communicated with
sufficient to obtain acknowledgment.

Emergency circumstances prevented securing acknowledgment.

Other (please specify) _____

Signature of Provider Representative