

**RECEIPT OF NOTICE OF PRIVACY PRACTICES  
WRITTEN ACKNOWLEDGEMENT FORM**

I, \_\_\_\_\_, have reviewed/received a copy of

Patient Name

ERSON Eyecare

Practice Name

Notice of Privacy Practices.

\_\_\_\_\_  
Signature of Patient / Guardian

\_\_\_\_\_  
Date

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**OFFICE USE ONLY**

I attempted to obtain the patient's signature in acknowledgement on this Notice of Privacy Practices Acknowledgement, but was unable to do so as documented below:

Date:	Initials:	Reason:
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