



Acknowledgement of Receipt of Notice of Privacy Practices

I acknowledge that the Notice of Privacy Practices for Eye Boutique of Sedona has been made available to me. *You may refuse to sign this acknowledgement*

Print Full Name of Patient

Date of Birth

Signature of Patient/ Guardian

Date

For Office Use Only

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
- ☐ An emergency situation prevented us from obtaining acknowledgement
- ☐ Other (Please Specify)

