

HIPAA

Soll Eye

**Acknowledgement of Receipt of
Notice of Privacy Practices**

I, _____ (name of patient), date of birth _____,
acknowledge and agree that I have received a copy of Soll Eye's Notice of Privacy Practices.

Signature Patient or Personal Representative

Date

Print Name of Personal Representative
(if applicable)

Relationship of Personal Representative
to Patient

If this acknowledgement is signed by someone who is not the patient listed at the top of this form, provide a description of the signer's authority to act for the patient.

FOR OFFICE USE ONLY:

Soll Eye made the following good faith efforts to obtain the above-referenced individual's written acknowledgement of receipt of the Notice of Privacy Information Practices:

() Patient/ personal representative was offered copy and individual refused to accept delivery.

() Patient/ personal representative accepted delivery of copy but refused to sign form to acknowledge Receipt of Notice.

() Other: _____

Staff Member Signature

Date

Print Name

