

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

I, _____ (the "Patient" or "Patient's legal representative"), have been presented with the Notice of Privacy Policy (the "Policy") of **Long Island Optometric Eyecare, PC**, and have been offered a copy of such policy to keep for my records.

_____ I hereby **acknowledge** that I have been provided with a copy of the Policy.

OR

_____ I hereby **refuse** to acknowledge receipt of the Policy. I understand that even though I may refuse to sign this acknowledgment, Provider may still provide treatment to me.

Signature of Patient

Date

For Office Use Only

I, **Theresa L. Bacaris, OD**, acting as Privacy Office for Provider attempted to obtain the written acknowledgment of receipt of the Policy of Provider on _____ 20__, 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

Date