

**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