

**ACKNOWLEDGEMENT OF RECEIPT
OF
NOTICE OF PRIVACY PRACTICES**
(in accordance of HIPPA Privacy Rule)

I, _____ [Please Print the Patient's full legal name here], have been presented with the Notice of Privacy Policy of TRINA LIESKE O.D., P.A., and have been offered a copy of such policy to keep for my records.

_____ [Please initial here] I hereby acknowledge that I have been provided with a copy of the Notice of Privacy Policy.

_____ [Please initial here] I hereby **Refuse** to acknowledge receipt of the Notice of Privacy Policy. I understand that even though I refuse to sign this acknowledgement, TRINA LIESKE O.D., P.A. may still provide treatment to me.

Signature of patient (or guardian)

Date

For Office Use Only

I, _____ [Please print full legal name here], acting as _____ [Print relationship to or official position with TRINA LIESKE O.D., P.A.] for TRINA LIESKE O.D., P.A. attempted to obtain the written acknowledgement of receipt of the Notice of Privacy Policy on _____ [date], but acknowledgement could not be obtained because:

_____ [Please initial here] Patient or Patient's legal representative refused to sign.

_____ [Please initial here] Patient or Patient's legal representative could not be communicated with sufficiently to obtain acknowledgement

_____ [Please initial here] Emergency circumstances prevented securing acknowledgement.

_____ [Please initial here] Other (Please specify) _____

Signature of Provider Representative

Date