

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

**I acknowledge receipt of the Notice of Privacy Practices of The Optometry Center.  
I understand that this is just an acknowledgment receipt and it does not obligate me in any way.**

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**NAME OF PATIENT** **SIGNATURE**

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**DATE**

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**INABILITY TO OBTAIN ACKNOWLEDGEMENT**

**To be completed by office staff if no signature is obtained. Check one:**

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- **No signature was obtained because this is an emergency treatment situation.**
- **Describe the good efforts made to obtain the individual's acknowledgment, and the reason why the acknowledgment was not obtained:**

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**SIGNATURE OF PROVIDER REPRESENTATIVE** **DATE**