

Cy-Fair Eyecare
**HIPAA PRIVACY
ACKNOWLEDGEMENT OF RECEIPT
OF
NOTICE OF PRIVACY PRACTICES**

I have been presented with the Notice of privacy policy of Dr. Loraine Rodriguez Payan, Therapeutic Optometrist, 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 Privacy Policy.

_____ (Please initial here) I hereby refuse to acknowledge receipt of the Privacy Policy. I understand that even though I may refuse to sign this acknowledgement, Provider may still provide treatment to me.

Signature of Patient

Date

For Office Use Only

I _____ (print legal name) acting as Provider Representative for Dr. Loraine Rodriguez Payan, O.D. attempted to obtain the written acknowledgement of receipt of the Privacy Policy of Dr. Loraine Rodriguez Payan, O.D. on _____ (date attempt was made), but acknowledgement could not be obtained because:

_____ (initial here) Patient or Patient's Legal Representative refused to sign.

_____ (initial here) Patient or Patient's Legal Representative could not be communicated with sufficiently to obtain an acknowledgement.

_____ (initial here) Emergency circumstances prevented acknowledgement.

_____ Other, Please specify.

Signature of Provider Representative

Date