

Retina Vitreous Consultants
ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF HEALTH INFORMATION PRACTICES

I, _____, have received a copy of Retina Vitreous Consultants' Notice of Health Information Practices.

Print Name

Signature

Date

****Below is For Staff Use Only****

We attempted to obtain written acknowledgement of receipt of our Notice of Health Information Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communication barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other(Please Specify)

Patient Name

Signature of Staff Member

Date