

Eyecare Medical Group
ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES

**** You May Refuse to Sign This Acknowledgement****

I, acknowledge that I have received a copy of the EMG Notice of Privacy Practices.

Print Name

Signature

Date

FOR OFFICE USE ONLY

EMG attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

_____ Individual refused to sign.

_____ Communications barriers prohibited obtaining the acknowledgement.

_____ An emergency situation prevented us from obtaining acknowledgement.

_____ Other (please specify): _____

EMG Staff

Date