The Center for Vision Development Andrea Taddese, OD

Notice of Privacy Practices Acknowledgment Form

Patient Name: ___________________________________ DOB: ___________ Date: ______________

I have received a copy of CVD's Notice of Privacy Practices (Effective Date 09/08/2016)

Signature: ____ Date: _________________________
Individual or Personal Representative with legal authority to make healthcare decisions

If signed by a Personal Representative:
Print Name____________________________________ Relationship to the patient: ________________

Witness Signature:____ Date:____________________

If the individual has a personal representative with legal authority to make health care decisions on the individual's behalf, the notice must be given to and acknowledgment obtained from the personal representative. If the individual or Personal Representative did not sign above, staff must document when and how the notice was given to the individual, why the acknowledgment could not be obtained, and the efforts that were made to obtain it.

Notice of Privacy Practices given to the individual on_______________ by

- ☐ Email
- ☐ In person
- ☐ Mail

Reason Individual or Personal Representative did not sign this form:

- ☐ Individual or Personal Representative chose not to sign
- ☐ Individual or Personal Representative did not respond after more than one attempt

Good Faith Efforts: The following good faith efforts were made to obtain the individual or Personal Representative's, if applicable, signature. Please document with detail (e.g., date(s), time(s), individuals spoken to and outcome of attempts) the efforts that were made to obtain the signature. More than one attempt must have been made.

In office: ____

Email: ____

Mail: ____

Staff Signature:____ Title______________________________

Print Name: ____ Date______________________

This form must be retained for a period of at least six years

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