

HIPAA Privacy Rule Receipt of Notice of Privacy Practices Written Acknowledgement Form

Acknowledgement of receipt of Information Practices Notice (164.520(a))

I, _____, (patient's name) understand that as part of my healthcare, Toluca Lake Optometric Center originates and maintains health records describing my health history, symptoms, examination and test results, diagnosis, treatment and any plans for future care or treatment. I acknowledge that I have been provided with and understand that Toluca Lake Optometric Center's **Notice of Privacy Practices** provides a complete description of the uses and disclosures of my Health information. I understand that:

- I have the right to review Toluca Lake Optometric Center's "Notice of Privacy Practices" prior to signing this acknowledgement;
- Toluca Lake Optometric Center reserves the right to change their "Notice of Privacy Practices" and prior to implementation of this will mail a copy of any revised notice to the address I've provided if requested.

Print Name of Patient or Legal Representative _____

Signature of Patient or Legal Representative _____

Date _____

FOR OFFICE USE ONLY

We attempted to obtain written acknowledgement of our "Notice of Privacy Practices", but it could not be obtained because:

- Individual refused to sign
- Communication barrier prohibited obtaining acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Specify) _____

Crystal Smith
HIPAA Officer

Date