

ROLAND PARK VISION SERVICES

ACKNOWLEDGMENT OF RECEIPT OF PRIVACY NOTICE

I acknowledge that I have received the attached Notice of Privacy Practices.

Patient or Personal Representative Signature

Date

If Personal representative's signature appears above, please describe Personal Representative's relationship to patient.

DOCUMENTATION OF GOOD FAITH EFFORTS

The patient presented for his/her appointment on this date and was provided with a copy of Roland Park Vision Service's Privacy Notice. A good faith effort was made to obtain a written acknowledgment of receipt of the Notice. However, an acknowledgment was not obtained because:

ف Patient refused to sign.

ف Patient was unable to sign or initial because:

ف Other reason, described below:

Signature of employee completing form: _____