

ACKNOWLEDGMENT OF RECEIPT
OF NOTICE OF PRIVACY PRACTICES

Effective Date: June 1, 2016

I hereby acknowledge the receipt of Notice of Privacy Practices from Clear Image Eye Center.

(Date)

(Signature of the Patient, Guardian or Legal Representative)

(Relationship with patient)

The individual or the individual's legal representative did not provide a written acknowledgment of recipient of this Notice of Privacy Practices. The following explains the good faith efforts to obtain the written acknowledgment and the reasons why the acknowledgment was not obtained:

