

## ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I have received a copy of Northern California Retina Vitreous Associates, Inc. Notice of Privacy Practices effective July 2020 and hereby give consent to Northern California Retina Vitreous Associates, Inc. to use and disclose my protected health information as described in the Notice. I also authorize the release/disclosure of my health information on my behalf to the person(s) listed here:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If the patient is a minor or unable to sign, please complete the following:**

Patient is a minor: \_\_\_\_\_ years of age

Patient is unable to sign because: \_\_\_\_\_

Signature of Authorized Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name of Authorized Representative: \_\_\_\_\_

Authority of representative to sign on behalf of the patient:

Parent     Legal Guardian     Court Order     Other: \_\_\_\_\_

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**For Internal Use Only:**

If patient or legally authorized 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 Jul 2020 given to patient on \_\_\_\_\_ (date)**

In Person     Mail     Email     Other \_\_\_\_\_

**Reason individual or parent/legal guardian did not sign this form:**

Did not want to     Did not respond after more than one attempt     Other \_\_\_\_\_

The following good faith efforts were made to obtain the individual or parent/legal guardian's signature. Please document with dates, times, individuals spoken to, and outcome, as applicable, the efforts that were made to obtain the signature. More than one attempt must be made.

In person conversation \_\_\_\_\_

Telephone contact \_\_\_\_\_

Mail \_\_\_\_\_

Email \_\_\_\_\_

Other \_\_\_\_\_

Staff Name (please print): \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_