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Grand Island, NE 68803

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RECEIPT OF NOTICE OF PRIVACY PRACTICES

I acknowledge that I was offered a copy of the Proffitt Eye Center Notice of Privacy Practices, which is effective September 23, 2013.

Printed Name

Date

Signature of Patient/Parent/Legal Guardian

Relationship to Patient

Note: If signed by someone other than the patient, we need written proof of your authority.

DOCUMENTATION OF GOOD FAITH EFFORT

_____ Attempted to distribute the Notice of Privacy Practices to the patient/parent/legal guardian, but the patient/parent/legal guardian declined to acknowledge the receipt of the Notice of Privacy Practices.

_____ Patient/parent/legal guardian stated they had already received the Notice of Privacy Practices.

_____ The Notice of Privacy Practices was mailed to the patient/parent/legal guardian.

_____ Other: _____

Witness: _____ Date: _____