

Acknowledgment of Receipt of Notice of Privacy Practices

Westside Optometry
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I have been given a copy of Westside Optometry's Notice of Privacy Practices ("NPP"), which describes how my health information is used and shared. I understand that Westside Optometry has the right to change this NPP at any time. I may obtain a current copy by contacting the office or by visiting the website at www.westsideoptometry.net

Patient Name: _____

Patient Phone Number: _____

My signature below acknowledges that I have been provided a copy of the NPP:

Signature of Patient or Personal Representative *Date*

Personal Representative's Title (parent, guardian, executor...)

FOR OFFICE USE ONLY

1. If the patient or personal representative is unable or unwilling to sign this Acknowledgment, or the Acknowledgment is not signed for any other reason, state the reason:

2. Describe the steps taken to obtain the patient's (or personal representatives signature on the Acknowledgment:

Completed by _____ Date _____