

# Tampa Laser Hair Removal

G O S H A V E L E S S

## ACKNOWLEDGMENT: RECEIPT OF NOTICE OF PRIVACY PRACTICES

I have reviewed the Eye Clinic of Florida's Notice of Privacy Practices effective September 23, 2013

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

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

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

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If the individual 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 the signature.

Notice of Privacy Practices effective September 23, 2013 reviewed with individual on \_\_\_\_\_ (date).

In Person     Mailing     E-mail     Other \_\_\_\_\_

Reason individual did not sign this form:

- Did not want to
  - Did not respond after more than one attempt
  - Other \_\_\_\_\_
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The following good faith efforts were made to obtain the individual'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 \_\_\_\_\_
- Mailing \_\_\_\_\_
- Email \_\_\_\_\_
- Other \_\_\_\_\_

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

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