

**Acknowledgement of Receipt of Notice of Privacy Practices**

I acknowledge that I have received and understand Orangeburg Eye Center LLC and Orangeburg Optician's *Notice of Privacy Practices* containing a description of the uses and disclosures of my health information. I further understand that Orangeburg Eye Center LLC and Orangeburg Opticians may update its *Notice of Privacy Practices* at any time and that I may receive an updated copy of Orangeburg Eye Center LLC and Orangeburg Optician's *Notice of Privacy Practices* by submitting a request in writing for a current copy of Orangeburg Eye Center LLC and Orangeburg Optician's *Notice of Privacy Practices*.

\_\_\_\_\_  
Printed Patient Name

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

If completed by patient's personal representative, please print name and sign below.

\_\_\_\_\_  
Printed Patient Personal Representative Name

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Patient Personal Representative Signature

\_\_\_\_\_  
Date

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**For Orangeburg Eye Center LLC and  
Orangeburg Optician's Official Use Only**

Complete this form if unable to obtain signature of patient or patient's personal representative.

Orangeburg Eye Center LLC and Orangeburg Opticians made a good faith effort to obtain patient's written acknowledgement of the *Notice of Privacy Practices* but was unable to do so for the reasons documented below:

- Patient or patient's personal representative refused to sign
- Patient or patient's personal representative unable to sign
- Other \_\_\_\_\_

\_\_\_\_\_  
Printed Employee Name

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date