



Acknowledgement of Receipt of Notice

LaHaye Center for Advanced Eye Care

Bridget Ray, Privacy Officer (337) 942-2024

I hereby acknowledge that I received a copy of this medical practice's Notice of Privacy Practices.

Signed: _____ Date: _____

Print Name: _____ Telephone: _____

If not signed by the patient, please indicate.

Relationship:

- parent or guardian of minor patient
- guardian or conservator of an incompetent patient
- beneficiary or personal representative of deceased patient

Name of Patient: _____

For Office Use Only:

↑ Signed form received by: _____

↑ Acknowledgment refused:

Efforts to obtain:

Reasons for refusal:

