

DESERT EYE ASSOCIATES, LTD.
NOTICE OF PRIVACY PRACTICES
ACKNOWLEDGEMENT

* You May Refuse to Sign This Acknowledgement*

I acknowledge that I have either:

- Received a copy of Desert Eye Associates, Ltd. Notice of Privacy Practices
- Have been offered a copy of Desert Eye Associates, Ltd. Notice of Privacy Practices
- Am aware Desert Eye Associates, Ltd. Notice of Privacy Practices is available to view and/or print online at deserteye.net

Patient's Signature or Authorized Representative

Date

Print Patient's Name

Date of Birth

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement

Other _____

Employee's Name and Signature if declined to sign

Date

Revised 8/4/2021