

WESTCHESTER RETINA

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**RECEIPT OF NOTICE OF PRIVACY PRACTICES
WRITTEN ACKNOWLEDGEMENT FORM**

I, _____, have been shown a copy of Dr. Craig Fern's
Print Patient Name

Notice Of Privacy Practice and have been offered a copy if desired.

Signature of Patient/Guardian

Date

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

1. _____ Individual refused to sign.
2. _____ Communication barriers prohibited obtaining the acknowledgement.
3. _____ An emergency situation prevented us from obtaining acknowledgement.
4. _____ Other (Please Specify) _____.