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**ACKNOWLEDGMENT: RECEIPT OF NOTICE OF PRIVACY PRACTICES**

I have received a copy of Nola Ophthalmology’s Notice of Privacy Practices effective 02/01/16.

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

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

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

I am a parent or legal guardian of \_\_\_\_\_ (patient name). I have received a copy of Nola Ophthalmology’s Notice of Privacy Practices effective 02/01/16.

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

Relationship to Patient:  Parent  Legal Guardian

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

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

**For Office Use Only**

Notice of Privacy Practices effective 02/01/16 given to individual on \_\_\_\_\_ (date)

In Person  Mailing  Email  Other \_\_\_\_\_

Reason individual or parent/legal guardian did not sign this form:

- Did not want to
- Did not respond after more than one attempt
- Other \_\_\_\_\_

The following good faith efforts were made to obtain the individual or parent/legal guardian’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: \_\_\_\_\_