ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICE

By signing below, I acknowledge that I have received a copy of the Notice of Privacy Practices form of GRANDVILLE OPTICAL.

I acknowledge this practice's use of postcards for appointment recall information.

I acknowledge this practice's phone & internet usage to confirm appointments, request callbacks or give medical information. I understand that reasonable effort will be made to speak directly with me. If I am not available, I grant permission for GRANDVILLE OPTICAL to:

Check all that apply:

_____ Leave a message on my answering maching

_____ Speak with another family member

_____ Send me an email reminder

_____ Send me a text reminder to my cell phone

Family Member Name	Relationship to patient
Patient Signature or Parent of guardian, if patient is a minor	Date
Witness	Date

Documentation of Failure to Obtain Signed Acknowledgement

On _____, Grandville Optical presented this Acknowledgement of Receipt of Notice of Privacy Practices Form to _____ (the "patient.") The patient refused to provide signature when requested.