

**ADVANCED
FAMILY
EYECARE**



"Our Vision Is Your Vision"

14450 Eagle Run Dr Ste. 140
Omaha, NE 68116-1493
(402) 884-0776
Fax: (402) 884-0749

Notice of Privacy Practices Written Acknowledgement

Patient Name _____
(please print) (First) (Middle) (Last)

- I have received the "Notice of Privacy Practices" from Advanced Family Eyecare.
- I understand that if I have any questions or concerns about Advanced Family Eyecare's "Notice of Privacy Practices" that I should contact the Privacy Officer or a staff member of Advanced Family Eyecare.

Patient/Legal Guardian Signature: _____
Date ____/____/____

Witness Signature: _____
Date ____/____/____

Document of Good Faith Effort

- Attempted to distribute the "Notice of Privacy Practices" to the patient/legal guardian, but the patient/legal guardian declined to acknowledge the receipt of the "Notice of Privacy Practices."
- Patient/Legal Guardian stated they had already received the "Notice of Privacy Practices."
- The "Notice of Privacy Practices" was mailed to the patient/legal guardian.
- Other _____

Witness Signature: _____
Date ____/____/____