
KALAMAZOO OPTOMETRY

6101 Newport Rd Ste A
Portage MI, 49002
Phone: 269-382-6500
Fax: 269-382-2286

Dr. James Adams, OD
Dr. Katie Sutter, OD
Dr. Luigi Greco, OD

RECEIPT OF PRIVACY PRACTICES NOTICE

I hereby acknowledge that I have received/and or been offered a copy of this office's *Notice of Privacy Practices* explaining:

- How this office will use and disclose my protected health information
- My privacy rights with regard to my protected health information
- This office's obligations concerning the use and disclosure of my protected health information

I understand that the *Notice of Privacy Practices* is subject to revisions, and that I am entitled to receive a revised copy upon request.

I also understand that if I have any questions or complaints, I may contact:

Kalamazoo Optometry P.C.
Stacy Hiemstra
6101 Newport Rd Ste A
Portage MI 49002

You may also contact the Secretary of the U.S. Department of Health and Human Services with any concerns regarding our privacy and security policies and procedures. Please contact our office for information on how to contact the U.S. Department of Health and Human Services.

Print Name _____

Signature _____ Date _____

FOR OFFICE USE ONLY

We made a good faith effort to obtain an acknowledgment of _____'s receipt of our Notice of Privacy Practices. In spite of these efforts, our office has been unable to obtain a signed acknowledgement of receipt for the following reasons (check all the apply):

- Patient refused to sign (date of refusal) ____/____/____
- Emergency situation prevented us from obtaining an acknowledgement
- Communication barriers prohibited obtaining an acknowledgement
- Other _____
- Attempt was made by _____ Date ____/____/____