



2201 Michigan Avenue • Arnold, MO 63010 • (636) 287-6322 • Fax: (636) 287-6321

---

## ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

---

\* You May Refuse to Sign This Acknowledgement \*

I have had the opportunity to review this offices Notice of Privacy Practices. A copy may be obtained upon request from any Vision Center Associate.

---

Please Print Name

---

Signature

---

Date

---

### For Office Use only

---

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

- ☐ Individual refused to sign
- ☐ Communications barriers prohibited obtaining the acknowledgement
- ☐ An emergency situation prevented us from obtaining acknowledgement
- ☐ Other (Please specify)

---

---