

Dr. Adam P. Wira, OD

HIPAA PRIVACY ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY POLICY

I, _____ (Please print full legal name-The patient or patient's legal representative),
have been presented with the Notice of Privacy Policy of Costco Optical.

_____ (Please initial here) I hereby acknowledge that I have been provided with a copy of the Policy.

_____ (Please initial here) I hereby refuse to acknowledge receipt of the Policy. I understand that
even though I may refuse this acknowledgement, the provider may still provide treatment to me.

Signature of patient Date

___ For Office Use Only

I, _____ (Please print full legal name here), acting as
_____ (Please print relationship to & attempt was made), but acknowledgement could not
be obtained because:

___ (Please initial here) Patients or patient's legal representative refused to sign.

Dr. Adam P. Wira, OD

HIPAA PRIVACY ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY POLICY

I, _____ (Please print full legal name-The patient or patient's legal representative),
have been presented with the Notice of Privacy Policy of Costco Optical.

_____ (Please initial here) I hereby acknowledge that I have been provided with a copy of the Policy.

_____ (Please initial here) I hereby refuse to acknowledge receipt of the Policy. I understand that
even though I may refuse this acknowledgement, the provider may still provide treatment to me.

Signature of patient Date

___ For Office Use Only

I, _____ (Please print full legal name here), acting as
_____ (Please print relationship to & attempt was made), but acknowledgement could not
be obtained because:

___ (Please initial here) Patients or patient's legal representative refused to sign.