***Retina Specialists*** *of Idaho, PLLC*

13923 W. Wainwright, Ste 301 ▪ Boise, ID 83713 ▪ 208.938.5624

Denton R. Roberts, M.D.

**ACKNOWLEDGMENT OF RECEIPT OF NOTICE**

Our Notice of Privacy Practices provides information about how we may use and disclose protected health information about you. You have the right to review our notice before signing this consent.

I have been provided with the condensed version of the notice for Retina Specialists of Idaho, PLLC and have been given an opportunity to review an entire copy of the notice. I understand that Retina Specialists of Idaho, PLLC has the right to change this notice at any time. I also understand that I may request a copy of the revised notice.

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Patient’s Name

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Signature of Patient or Legal Representative Date

If signed by legal representative, relationship to

Patient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DOCUMENTATION OF ATTEMPT TO OBTAIN**

**WRITTEN ACKNOWLDEGMENT OF THE DELIVERY OF**

**NOTICE OF PRIVACY PRACTICES**

I attempted to obtain an acknowledgment of the receipt of Notice of Privacy Practices for

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, but was unable to do so because \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Date Employee Signature