

TREVOR S WHITE, O.D.
EL RENO FAMILY EYE CARE
Acknowledgement of receipt of
NOTICE OF PRIVACY PRACTICES

"You may refuse to sign this acknowledgement"

I, _____, have received a copy of the
NOTICE OF PRIVACY PRACTICES for the office of Dr. Trevor S. White,
O.D.

PRINT NAME

SIGNATURE

DATE

The office of Dr. Trevor S. White, OD attempted to obtain
acknowledgement of receipt of our NOTICE OF PRIVACY PRACTICES,
but acknowledgement could not be obtained because:

- Individual refused to sign
because_____.
- Communication barriers prohibited obtaining the acknowledgement.
- An emergency situation prevented an acknowledgement from being
obtained.
- Other (specify)_____.