

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)\_\_\_\_\_.