

Retina Macula Specialists, P.C.  
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Bolingbrook, IL 60440  
Phone: (630) 783-9960 Fax: (630) 783-9962

**ACKNOWLEDGMENT: RECEIPT OF NOTICE OF PRIVACY PRACTICES**

I have received a copy of Retina Macula Specialists P.C.'s Notice of Privacy Practices effective 01/01/2019.

Name (please print): \_\_\_\_\_

Relationship to Patient:  Self  Parent  Legal Guardian

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**OFFICE USE ONLY**

If the individual or parent/legal guardian did not sign above, staff must document when and how the Notice was given, why acknowledgment could not be obtained, and efforts made to obtain it.

Notice of Privacy Practices effective 01/01/2019 given to individual on \_\_\_\_\_ (date)

In Person  Mailing  Email  Other \_\_\_\_\_

Reason individual or parent/legal guardian did not sign this form:

Did not want to  
 Did not respond after more than one attempt  
 Other \_\_\_\_\_

The following good faith efforts were made to obtain the individual or parent/legal guardian's signature. Please document with dates, times, individuals spoken to, and outcome, as applicable, the efforts that were made to obtain the signature. More than one attempt must be made.

In person conversation \_\_\_\_\_  
 Telephone contact \_\_\_\_\_  
 Mailing \_\_\_\_\_  
 Email \_\_\_\_\_  
 Other \_\_\_\_\_

Staff Name (please print): \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_