

## **ACKNOWLEDGEMENT OF RECEIPT OF NOTICE** ***BOSTON FOUNDATION FOR SIGHT***

As required by the Privacy Regulations, I hereby acknowledge that I have received a current copy of **Boston Foundation for Sight's** "NOTICE OF PRIVACY PRACTICES", revision date **3/18/2010**.

As required by the Privacy Regulations, \_\_\_\_\_  
from **Boston Foundation for Sight** has included a provision that it reserves the right to change the terms of its notice and to make the new notice provisions effective for all protected health information that it maintains.

**Requests:**

- I wish to file a "Request for Restriction" of my Protected Health Information.
- I wish to file a "Request for Alternative Communications" of my Protected Health Information.
- I wish to object to the following practices in the "Notice of Privacy Practices":

\_\_\_\_\_

\_\_\_\_\_

**I understand that this office is not required to honor any changes to the "Notice of Privacy Practices".**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

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***(OFFICE USE ONLY)***

Signed form received by: \_\_\_\_\_

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

The following effort was made to obtain receipt: (Describe)

\_\_\_\_\_

\_\_\_\_\_