



**ADVANCED  
FAMILY  
EYECARE**

**Drs. Mark A. Toelle & Wendi Langel  
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Omaha, NE 68116  
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**Notice of Privacy Practices Written Acknowledgement**

Patient Name \_\_\_\_\_  
(please print) (First) (Middle) (Last)

- I have received the “Notice of Privacy Practices” from Advanced Family Eyecare.
- I understand that if I have any questions or concerns about Advanced Family Eyecare’s “Notice of Privacy Practices” that I should contact the Privacy Officer or a staff member of Advanced Family Eyecare.

Patient/Legal Guardian Signature: \_\_\_\_\_  
Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Witness Signature: \_\_\_\_\_  
Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Document of Good Faith Effort**

- Attempted to distribute the “Notice of Privacy Practices” to the patient/legal guardian, but the patient/legal guardian declined to acknowledge the receipt of the “Notice of Privacy Practices.”
- Patient/Legal Guardian stated they had already received the “Notice of Privacy Practices.”
- The “Notice of Privacy Practices” was mailed to the patient/legal guardian.
- Other \_\_\_\_\_  
\_\_\_\_\_

Witness Signature: \_\_\_\_\_  
Date \_\_\_\_/\_\_\_\_/\_\_\_\_