

Effective Date: July 1 2003

Acknowledgement of Receipt of Notice of Privacy Practices

I acknowledge that I have received a copy of the Provider's Notice of Privacy Practices with the effective date of _____

Signature of Patient/Patient Representative

Date

Relationship to Patient

Documentation of Good Faith Efforts

To obtain patient's acknowledgment that they received provider's Notice of Privacy Practices

For use when acknowledgement cannot be obtained from the patient.

Patient Name: _____

The patient presented to the office on _____ and was provided with a copy of Covered Entity's Notice of Privacy Practices. A good faith effort was made to obtain from the patient a written acknowledgement of his/her receipt of the Notice. However, such

- Patient refused to sign.
- Patient was unable to sign because:

- The patient had a medical emergency, and an attempt to obtain the acknowledgment will be made at the next available opportunity.
- Other reason (describe below):

Signature of Employee completing Form: _____