 acknowledges that I have received a copy of Provider's Notice of Privacy Practices with the effective date of September 23, 2013.

______________________________  __________________________  ____________
Signature (Patient/Representative)  Relationship to Patient  Date

Documentation of Good Faith Efforts
To obtain patient’s acknowledgment that they received provider’s Notice of Privacy Practices

(For use when acknowledgment cannot be obtained from the patient.)

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 acknowledgment of his/her receipt of the Notice. However, such acknowledgement was not obtained because:

☐ Patient refused to sign.

☐ Patient was unable to sign or initial 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: _______________  Date Signed: _______________