

# AboutSkin Dermatology and DermSurgery, PC

Name of Patient : \_\_\_\_\_

Your birthday : \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Acknowledgement of Receipt of Notice of Privacy Practices

I acknowledge 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 acknowledgment 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: \_\_\_\_\_

Acknowledgement of Receipt of Privacy Notice/Good Faith Efforts  
**Updated Sept 2013**