



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

AboutSkin Dermatology and DermSurgery, PC

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

Patient Date of Birth: \_\_\_\_\_

### 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 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 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: \_\_\_\_\_