

ACKNOWLEDGMENT OF RECEIPT OF PRIVACY NOTICE

I acknowledge that I have received a copy of Provider's Notice of Privacy Practices with the effective date of April 14, 2003.

Signature of Patient/Patient Representative

Date

Relationship to Patient

DOCUMENTATION OF GOOD FAITH EFFORTS

Patient Name: _____

Date: _____

The patient presented to the facility on this date and was provided with a copy of the College Hill OB/GYN 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 (described below):

Signature of Employee Completing Form: _____

Original to be maintained in Patient's permanent medical record.