

ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES



PLEASE PRINT:

Name of Person

Date of Birth

I hereby acknowledge that I received Judy Chiang LLC Notice of Privacy Practice.

Signature of patient or responsible party

Date

Documentation of Good Faith Efforts

To obtain patient's acknowledgement that they received provider's Notice of Privacy Practices. (For use when acknowledgement 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 acknowledgement of his/her receipt of the notice. However, such acknowledgement was not obtained because:

_____ Patient refused to sign

_____ Patient was unable to sign because: _____

_____ Patient had a medical emergency

An attempt to obtain the notice will be made at the next available opportunity.

_____ Other reasons (describe): _____

Signature of Employee Completing Form

Date