

# 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