



### Notice of Privacy Practices Acknowledgment Form

#### PATIENT

Patient Name (Print): \_\_\_\_\_

I have received a copy of Speech Inspiration, PLLC's Notice of Privacy Practices (effective date 8/1/13).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If signed by a personal representative above (Parent, Guardian, etc.), complete the following:

Personal Representative Name (Print): \_\_\_\_\_ Role: \_\_\_\_\_

**If the patient has a personal representative with legal authority to make health care decisions on the patient's behalf, the notice must be given to and acknowledgment obtained from the personal representative.**

#### SPEECH INSPIRATION, PLLC

If the patient or personal representative did not sign above, it must be documented when and how the notice was given to the individual, why the acknowledgment could not be obtained, and the efforts that were made to obtain it.

**Notice of Privacy Practices given to the Patient/ Personal Representative on** \_\_\_\_\_(date) by means of \_\_\_in person, \_\_\_mailing, \_\_\_email, \_\_\_other\_\_\_\_\_.

**Reason Patient or Personal Representative Did Not Sign this Form:** \_\_\_patient or personal representative chose not to sign, \_\_\_patient or personal representative did not respond after more than one attempt, \_\_\_email receipt verification, \_\_\_other\_\_\_\_\_.

**Good Faith Efforts:** The following good faith efforts were made to obtain the patient or personal representative's signature. The following detail (e.g. date(s), time(s), individuals spoken to and outcome of attempts) the efforts that were made to obtain the signature. More than one attempt must have been made.

- \_\_\_ Face to face presentation(s):
- \_\_\_ Telephone contact(s):
- \_\_\_ Mailings(s):
- \_\_\_ Email(s):
- \_\_\_ Other:

Speech Inspiration, PLLC Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

