

ACKNOWLEDGMENT OF RECEIPT OF PRIVACY NOTICE

I acknowledge that I have received the Springhill Surgery Center Notice of Privacy Practices.

Patient or Personal Representative
Signature

Date

If Personal Representative's signature appears above, please describe Personal Representative's relationship to the patient: _____

SECTION BELOW FOR OFFICE USE ONLY

DOCUMENTATION OF GOOD FAITH EFFORTS

The patient presented for his/her procedure on this date and was provided with a copy of the Springhill Surgery Center Notice of Privacy Practices. A good faith effort was made to obtain a written acknowledgment of receipt of the Notice. However, an acknowledgment was not obtained because:

Patient refused to sign.

Patient was unable to sign or initial because: _____

There was a medical emergency

Other reason, described below:

SIGNATURE OF EMPLOYEE COMPLETING FORM: _____