



Name of Patient: _____

Patient Date of Birth: _____

Acknowledgement of Receipt of Notice of Privacy Practices

A copy of our Notice of Privacy Policies can be obtained on our website at www.IMMUNOe.com or www.HorizonPediatrics.com or upon request. I acknowledge that I have been informed of how to obtain a copy of the Notice of Privacy Policy.

Signature of Patient / Patient Representative

Date

Relationship to Patient

**Documentation of Good Faith Efforts
To obtain patient's acknowledgment that they received provider's
Notice of Privacy Practices**

The patient presented to the office/hospital on _____ (date) 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 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 has a medical emergency, and an attempt to obtain the acknowledgment will be made at the next available opportunity.

- Other reason (describe below):

Signature of Employee Completing Form _____

Date: _____