

# Advanced Surgical Concepts

\_\_\_\_\_  
Name of Patient (please print)

\_\_\_\_\_  
Date of Birth

## Acknowledgement of Notice of Privacy Practices

**I hereby acknowledge that I received Advanced Surgical Concept's Notice of Privacy Practices.**

\_\_\_\_\_  
Signature of patient or patient representative

\_\_\_\_\_  
Date

### Documentation of Good Faith Efforts

#### To obtain patient's acknowledgement that they received provider's Notice of Privacy Practices

*(For use when acknowledgment cannot be obtained from the patient.)*

The patient presented to the office/hospital 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 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 had 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

[Note: Providers are required to make good faith efforts to obtain acknowledgement that each patient has received their Notice of Privacy Practices. Should the individual refuse to acknowledge receipt of provider's Notice of Privacy Practices, the provider should document the "Good Faith Efforts" taken to obtain such acknowledgement. The regulation does not specific how those "Good Faith Efforts" should be documented. This example form is meant to serve as an example of one way that a provider could satisfy this requirement.]