

## Sunshine Medical care

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

### Acknowledgment of Notice of Privacy Practices

I hereby acknowledge that I received Sunshine Medical care's Notice of Privacy Practices.

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

\_\_\_\_\_  
Date

### Documentation of Good Faith Efforts to Obtain Patient's Acknowledgment 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 on \_\_\_\_\_ and was provided with a copy of 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 acknowledgement 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