

**Rocky Mountain Pediatrics, PC**

Name of Patient: \_\_\_\_\_

**Patient Date of Birth:** \_\_\_\_\_

**Acknowledgement of Receipt of Notice of Privacy Practices**

I acknowledge that I have received a copy of Provider's Notice of Privacy Practices with the effective date of March 13, 2015.

\_\_\_\_\_  
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**

*(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 Signed: \_\_\_\_\_

Acknowledgement of Receipt of Privacy Notice/Good Faith Efforts  
**Updated March 13, 2015**