



ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICE

I _____, do hereby acknowledge receipt of a copy of the Notice of Privacy Practice, Policy and Procedure.

Signature of Individual

Date: _____

IN THE EVENT THIS REQUEST IS MADE BY THE INDIVIDUAL'S PERSONAL REPRESENTATIVE

Signature of Personal Representative:

Legal Authority of Personal Representative

IF the individual or parent/legal guardian did not sign above, staff must document when and how the Notice was given to the individual, why the acknowledgment could not be obtained, and the efforts that were made to obtain it.

Notice of Privacy Practices effective [date] given to individual on _____ (date)

___ In Person ___ Mailing ___ Email ___ Other _____

Reason individual or parent/legal guardian did not sign this form:

___ Did not want to

___ Did not respond after more than one attempt

___ Other _____

The following good faith efforts were made to obtain the individual or parent/legal guardian's signature. Please document with dates, times, individuals spoken to, and outcome, as applicable, the efforts that were made to obtain the signature. More than one attempt must be made.

___ In person conversation _____

___ Telephone contact _____

___ Mailing _____

___ Email _____

___ Other _____

Staff Name (please print): _____ Title: _____

Signature: _____ Date: _____