

ACKNOWLEDGMENT OF RECEIPT OF PRIVACY NOTICE

I acknowledge that I have received the Outpatient Surgery Center of Jonesboro Notice of Privacy Practices.

\_\_\_\_\_  
Patient or Personal Representative  
Signature

\_\_\_\_\_  
Date

If Personal Representative's signature appears above, please describe Personal Representative's relationship to the patient: \_\_\_\_\_  
\_\_\_\_\_

SECTION BELOW FOR OFFICE USE ONLY

DOCUMENTATION OF GOOD FAITH EFFORTS

The patient presented for his/her procedure on this date and was provided with a copy of the Outpatient Surgery Center of Jonesboro Notice of Privacy Practices. A good faith effort was made to obtain a written acknowledgment of receipt of the Notice. However, an acknowledgment was not obtained because:

- Patient refused to sign.
- Patient was unable to sign or initial because: \_\_\_\_\_
- There was a medical emergency
- Other reason, described below:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE OF EMPLOYEE COMPLETING FORM: \_\_\_\_\_