



27 Hospital Avenue
Suite 403
Danbury, CT 06810
www.cmcdanbury.com
203-730-2900

Name of Patient: _____

Patient Date of Birth: _____

Acknowledgement of Receipt of Notice of Privacy Practices

I acknowledge that I have received a copy of this medical practice's Notice of Privacy Policy. I further acknowledge that I may request a copy of any amended Notice of Privacy Policy at any time.

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 _____ (date) 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: _____