

CENTER OF SURGICAL SPECIALISTS, PC

\_\_\_\_\_  
Name of Patient (please print)

\_\_\_\_\_  
Date of Birth

**Acknowledgment of Notice of Privacy Practices**

I hereby acknowledge that I received Center of Surgical Specialists, P.C.'s Notice of Privacy Practices.

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

\_\_\_\_\_  
Date

\*\*\*\*\*

**For office use only**

**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 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