

ACUTE INJURY AND ILLNESS CENTER
9330 S. University Boulevard, Suite 100
Highlands Ranch, CO 80126
303-683-9393

Acknowledgement of Receipt of Notice of Privacy Practices

Name of Patient _____

Date of Birth _____

I hereby acknowledge that I have received the Acute Injury and Illness Center's Notice of Privacy Practices.

Signature of Patient or Patient's
Authorized Representative

Date

If signed by the Patient's Representative, please print name and describe relationship to Patient.

Name

Relationship to Patient

**Documentation of Good Faith Efforts
To obtain patients' acknowledgement that they received
the Notice of Privacy Practices**

(For use when acknowledgement cannot be obtained from the patient)

The above patient presented to the Acute Injury and Illness Center on _____ and was provided with a copy of the Notice of Privacy Practices. A good faith effort was made to obtain from the patient a written acknowledgement of his/her receipt of the Notice. However, such an 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 acknowledgement will be made at the next available opportunity.
- The legal guardian of the patient was not present at the patient's visit. Verbal or written consent was obtained to treat the patient without prior review of the Privacy Notice. The legal guardian requested that the Privacy Notice be:
 - Faxed _____
(Initials/Date _____)
 - Mailed _____ (Initials/Date _____)
 - Sent home with the above patient.

Signature of Employee Completing Form

Date