Aspen Medical Care, PC

______________________________ ______________________

Name of Patient (please print) Date of Birth

Acknowledgment of Notice of Privacy Practices

I hereby acknowledge that I received Aspen Medical Care's Notice of Privacy Practices.

______________________________ ______________________

Signature of patient or patient representative Date

Documentation of Good Faith Efforts to obtain patient's acknowledgment that s/he received Aspen Medical Care, PC's Notice of Privacy Practices

(For use when acknowledgment cannot be obtained from the patient.)

The patient presented to the office on ___________________ (date) and was provided with a copy of Aspen Medical Care, PC'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: ______________________________

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- ▫ The patient had a medical emergency and an attempt to obtain the acknowledgment was not feasible.
- ▫ Other reason (describe): ____

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Signature of Employee Completing Form Date