



**Mayfair Internal Medicine, P.C.**

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Name of Patient: \_\_\_\_\_

Patient Date of Birth: \_\_\_\_\_

**Acknowledgement of Receipt of Notice of Privacy Practices**

I acknowledge that I have received a copy of Provider's Notice of Privacy Practices with the effective date of **September 10, 2015**.

\_\_\_\_\_  
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 \_\_\_\_\_ 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 Signed: \_\_\_\_\_

