



Notice of Acknowledgement

I acknowledge that I have received a Notice of Privacy Practices.

_____	_____
Signature of Patient or Legal Representative	Date
_____	_____
Printed Name of Patient or Personal Representative	Patient Date of Birth

Document of Good Faith Efforts

_____	_____
Signature of Patient or Legal Representative	Date
_____	_____
Printed Name of Patient or Personal Representative	Patient Date of Birth