

Emerald Coast Center for Neurological Disorders

Acknowledgement of Notice of Privacy Practices

I hereby acknowledge that I have received and/or read ECCND's Notice of Privacy Practices.

Patient Name (print)

Date of Birth

Signature of Patient or Guardian

Date

Staff to complete section below.

Documentation of Good Faith Efforts

To obtain patient's acknowledgment that they received provider's Notice of Privacy Practices. (For use when acknowledgement cannot be obtained from the patient.)

The patient present to the office 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 acknowledgement will be made at the next available opportunity.
- ☐ Other:

Signature of Employee Completing Form

Date

Note: Providers are required to make good faith efforts to obtain acknowledgment that each patient has received their notice of Privacy Practices. Should the individual refuse to acknowledge receipt of Provider's Notice of Privacy Practices, the provider should document the "Good Faith Efforts."