

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



I hereby acknowledge that I have read and/or received the Notice of Privacy Practices for the above office.

Signature: Patient's Name / Personal Representative (as defined by HIPAA) Date

Description of Personal Representation and please attach copy of documentation.

For Coastal Gastroenterology ^{PC} staff only

Documentation of "Good Faith" Attempt to get acknowledgement signature.

- Document presented to patient, but patient refused to sign acknowledgement.
- Patient presented with an emergency situation and there was no time to give the Notice or receive a signature. Attempt to give the Notice, and get any acknowledgement will be handled as soon as possible.
- Documentation was presented to the patient but a communication failure prevented us from receiving the acknowledgement.
- The documentation was mailed to the patient but never returned to us.
- Other _____

Coastal Gastroenterology employee preparing document

Date

Coastal Gastroenterology employee signature _____