

**Salida Family Medicine, P.C.**  
**Vicki Koontz, Privacy Officer 719-539-3583**

\_\_\_\_\_  
Name of Patient (please print)

\_\_\_\_\_  
Date of Birth

**Acknowledgment of Notice of Privacy Practices**

**I hereby acknowledge that I received Salida Family Medicine's Notice of Privacy Practices.**

\_\_\_\_\_  
Signature of patient or patient representative

\_\_\_\_\_  
Date

**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 [insert date] 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