

# SIGNATURE PAGE PATIENT PRIVACY NOTICE

## ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES:

I have been given my copy of the Patient Privacy Notice as required under the final privacy rules issued by HHS pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPPA). This notice outlines information about patient rights and The Family Clinic of Fort Collins' rights and legal duties and privacy practices with respect to protected health information. I will review the information enclosed.

Since the information in this notice is necessarily subject to change by action of The Family Clinic of Fort Collins, Federal or State Law, it is understood that any policies as listed herein may be modified, superseded or eliminated, and these changes may be implemented even though they may not have been communicated, reprinted or substituted in this notice.

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Name of Patient Printed

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Signature of Patient

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Date

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## DOCUMENTATION OF GOOD FAITH EFFORTS

The patient presented to this office on \_\_\_\_\_ and was provided with a copy of The Family Clinic of Fort Collins Notice of Privacy Practices. A good faith effort was made to obtain from the patient a written acknowledgement of his/her receipt of the Notice. However, such acknowledgement was not obtained because:

- The patient refused to sign
- The patient was unable to sign or initial because: \_\_\_\_\_
- The patient had a medical emergency and an attempt to obtain acknowledgement will be made at the next available opportunity
- Other reason: \_\_\_\_\_

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Employee signature

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Date