

The Centers for Kidney Care
Reconocimiento de Recibo del Aviso de Privacidad

Nombre del Paciente: _____

Fecha de Nacimiento del Paciente: _____

Al firmar este formulario, usted acepta que ha recibido una copia del Aviso de Privacidad de The Centers for Kidney Care que describe cómo utilizar y divulgar su información de salud. Usted tiene derecho a negarse a firmar este reconocimiento, en cuyo caso nos debemos documentar nuestro esfuerzo de buena fe para obtener el reconocimiento y la razón por que no se ha obtenido.

Recibo del aviso de privacidad reconocido por:

Firma: _____ **Fecha:** _____

Nombre Impreso: _____

Relación al Paciente: _____

Employee Witness Signature: _____
(La firma del empleado testigo)

Documentation of Good Faith Efforts

Patient's Name _____

Date _____

The patient presented for his/her appointment on this date and was provided a copy of The Centers for Kidney Care Privacy Notice. A good faith effort was made to obtain a written acknowledgement of receipt of the notice; however, an acknowledgement was not obtained because:

____ Patient refused to sign.

____ Patient was unable to sign or initial because:

____ There was a medical emergency (The Centers for Kidney Care will attempt to obtain acknowledgement at the next available opportunity).

____ Other reason, described below:

Signature of employee completing form: _____