

The Centers for Kidney Care
Acknowledgement of Receipt of Privacy Notice

Patient's Name: _____

Patient's Date of Birth: _____

By signing this form, you are agreeing that you have received a copy of The Centers for Kidney Care Privacy Notice, which describes how we use and disclose your health information. You have the right to refuse to sign this Acknowledgement, in which case we must document our good faith effort to obtain your acknowledgement and the reason why it was not obtained.

Receipt of Privacy Notice acknowledged by:

Signature: _____ **Date:** _____

Printed Name: _____

Relationship to Patient: _____

Employee Witness Signature: _____

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: _____