

**Colon and Rectal Surgery and The Colonoscopy Center Inc.**  
**RECEIPT OF NOTICE OF PRIVACY PRACTICES**

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I acknowledge that I was offered a copy of the Colon and Rectal Surgery Inc. ("CRS") and The Colonoscopy Center Inc. ("CCI") Notice of Privacy Practices which are effective February 17, 2010.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Patient/Parent/Legal Guardian

\_\_\_\_\_  
Relationship to Patient

Note: If signed by someone other than the patient, we need written proof of your authority.

**DOCUMENTATION OF GOOD FAITH EFFORT**

\_\_\_ Attempted to distribute the Notice of Privacy Practices to the patient/parent/legal guardian, but the patient/parent/legal guardian declined to acknowledge the receipt of the Notice of Privacy Practices.

\_\_\_ Patient/parent/legal guardian stated they had already received the Notice of Privacy Practices at another CRS or CCI service location.

\_\_\_ The Notice of Privacy Practices was mailed to the patient/parent/legal guardian.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date