



**RECEIPT OF NOTICE OF PRIVACY PRACTICES**

I have received a copy of the Colon and Rectal Surgery Inc. and The Colonoscopy Center Inc. Notice of Privacy Practices which are effective September 23, 2013.

Signature: \_\_\_\_\_

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

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

Date: \_\_\_\_\_

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

Patient received Notice by: \_\_\_\_\_ Paper \_\_\_\_\_ Electronically

**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 o the Notice of Privacy Practices.

\_\_\_\_\_ Patient/parent/legal guardian stated they had already received the Notice of Privacy Practices at another Colon and Rectal Surgery service location.

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

Witness: \_\_\_\_\_

Date: \_\_\_\_\_