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**ACKNOWLEDGMENT: RECEIPT OF NOTICE OF PRIVACY PRACTICES**

I have received/been offered the HIPAA Policy dated 2013.

Name (please print): \_\_\_\_\_

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

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

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I am a parent or legal guardian of \_\_\_\_\_ (patient name). I have received a copy of [Practice's] Notice of Privacy Practices effective [Date].

Name (please print): \_\_\_\_\_

Relationship to Patient:     Parent                       Legal Guardian

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

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

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If the individual or parent/legal guardian did not sign above, staff must document when and how the Notice was given to the individual, why the acknowledgment could not be obtained, and the efforts that were made to obtain it.

Notice of Privacy Practices effective [date] given to individual on \_\_\_\_\_ (date)

In Person     Mailing     Email     Other \_\_\_\_\_

Reason individual or parent/legal guardian did not sign this form:

- Did not want to
- Did not respond after more than one attempt
- Other \_\_\_\_\_

The following good faith efforts were made to obtain the individual or parent/legal guardian's signature. Please document with dates, times, individuals spoken to, and outcome, as applicable, the efforts that were made to obtain the signature. More than one attempt must be made.

- In person conversation \_\_\_\_\_
- Telephone contact \_\_\_\_\_
- Mailing \_\_\_\_\_
- Email \_\_\_\_\_
- Other \_\_\_\_\_

Staff Name (please print): \_\_\_\_\_ Title: \_\_\_\_\_

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