



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

I have received a copy of The Milestones Center's Notice of Privacy Practices effective June 1, 2015.

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

I am a parent or legal guardian of \_\_\_\_\_ (patient name). I have received a copy of The Milestones Center's Notice of Privacy Practices effective June 1, 2015.

Name (please print): \_\_\_\_\_  
Relationship to Patient:  Parent  Legal Guardian  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

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 June 1, 2015 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: \_\_\_\_\_