**Psychiatric Services, LLC**

**Eileen Spangler, Psychiatric NP**

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**ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES & PRACTICE POLICY**

PATIENT NAME (PLEASE PRINT) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF BIRTH**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I ACKNOWLEDGE THAT I HAVE RECEIVED OR WAS OFFERED A COPY OF THE NOTICE OF**

**THE PRIVACY PRACTICES AND PRACTICE POLICIES FOR PSYCHIATRIC SERVICES, LLC.**

SIGNATURE OF PATIENT OR GUARDIAN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 **FOR OFFICE USE ONLY**

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DOCUMENTATION OF GOOD FAITH EFFORT

(FOR USE WHEN ACKNOWLEDGMENT CANNOT BE OBTAINED FROM PATIENT)

The patient presented himself/herself to the office on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and was provided a copy of the

Notice of Privacy Practices and Practice Policy. A good faith effort was made to obtain from the patient a written acknowledgment of his/her receipt of the Notice. However, such acknowledgment was not obtained because:

* **Patient Refused to sign**
* **Patient was unable to sign or initial due to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Patient had a medical emergency and an attempt to obtain the acknowledgment will be made**

 **at the next opportunity.**

* **Other reason/describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Employee Completing Form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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