

Heartland Family First Medical Clinic

PRIVACY NOTICE WRITTEN ACKNOWLEDGEMENT

I have received Heartland Family First Medical Clinic's Notice of Privacy Practices. (Note: My signature does not indicate that I have read, understood or agree with the Notice only that it has been provided to me.) Privacy notice and financial policy can be viewed at Heartlandfamilyfirst.com. Paper copies are available upon request from the front desk.

Signature of Patient/Parent/Legal Guardian

Date

Relationship to Patient (if not the patient)

THIS PART OF FORM TO BE COMPLETED BY OFFICE STAFF

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 to the Notice of Privacy Practice.
- Patient/Parent/Legal Guardian directed to Heartland Family First Medical Clinic website to view the Notice of Privacy Practices.
- The Notice of Privacy Practices was mailed to the patient/parent/legal guardian on _____(date).
- Patient/Parent/Legal Guardian declined copy of Notice of Privacy Practices
- Other _____

Heartland Family First Medical Clinic Employee

Date