

**COLORADO CARDIOVASCULAR SURGICAL ASSOCIATES, P.C.**

\_\_\_\_\_  
Name of Patient (please print)

\_\_\_\_\_  
Date of Birth

**ACKNOWLEDGMENT OF NOTICE OF PRIVACY PRACTICES**

I hereby acknowledge that I received Colorado Cardiovascular Surgical Associate's Notice of Privacy Practices either in person in the office or on the CCVSA website.

\_\_\_\_\_  
Signature of patient or patient representative

\_\_\_\_\_  
Date

.....  
(For use when acknowledgment cannot be obtained from the patient)

**DOCUMENTATION OF GOOD FAITH EFFORTS**

**To obtain patient's acknowledgment that they received provider's  
Notice of Privacy Practices**

The patient presented to the office on \_\_\_\_\_ and was provided with a copy of Covered Entity's Notice of Privacy Practices. A good faith effort was made to obtain from the patient a written acknowledgment of his/her receipt of the notice. However such acknowledgement was not obtained because:

\_\_\_ Patient refused to sign

\_\_\_ Patient was unable to sign or initial because:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_ The patient had a medical emergency, and an attempt to obtain the acknowledgment will be made at the next available opportunity.

\_\_\_ Other reason (describe below)

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Employee Completing Form

\_\_\_\_\_  
Date