

The Institute for Healthy Aging
Attn: Mark A. Rosenberg, M.D., FACEP
101 NW 1st Avenue, Delray Beach, Fl 33444

Name of Patient (please print)

Date of Birth

Acknowledgements of Notice of Privacy Practices

I hereby acknowledge that I received The Institute for Healthy Aging's Notice of Privacy Practices.

Signature of patient or patient representative

Date

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/hospital 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