



Privacy Notice Written Acknowledgement

Patient Name: _____
(Last) (First) (Middle)

Medical Record #: _____

- I have received the Children's Hospital Notice of Privacy Practices.

Signature of Patient/Parent/Legal Guardian

Date

Relationship to Patient

Privacy Notice Version #

Witness

Location Privacy Notice Written Acknowledgement was obtained

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 of the Notice of Privacy Practices.
- Patient/Parent/Legal Guardian stated they had already received the Privacy Notice at another Children's Healthcare Service location.
- Patient/Parent/Legal Guardian directed to Children's Hospital Website to view the Notice of Privacy Practices.
- The Notice of Privacy Practices was mailed to the patient/parent/legal guardian.
- Other _____.

Witness

Date