



Privacy Notice Acknowledgement

I acknowledge that I have received a copy of the Privacy Notice for North Central Surgical Center.

Privacy Notice Revision Date: October 7, 2004

Patient or Personal Representative Signature

Date

Personal Representative's Relation to Patient

ABOVE - Patient or Personal Representative Use Only

BELOW - Provider Use Only

Documentation of Good Faith Effort

The patient identified above was provided with a copy of the Provider's Privacy Notice on this date. A good faith effort has been made to obtain a written acknowledgement of the patient's receipt of the Privacy Notice. However, acknowledgement has not been obtained because:

- Patient refused to sign the Privacy Notice Acknowledgement
- Patient was unable to sign because:

- There was a medical emergency. Provider will attempt to obtain acknowledgement as soon as practical.
- Other reason, described below:

Employee Signature

Date