



**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

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***Patient or Personal Representative Signature*** ***Date***

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***Personal Representative's Relation to Patient***

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**ABOVE - Patient or Personal Representative Use Only**

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**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:

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

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***Employee Signature*** ***Date***