ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I, ________________________________, acknowledge that I have received a copy of the Notice of Privacy Practices of Louisiana State University Health Sciences Center – New Orleans this date.

_____________________________________  Date: ________________________

Patient’s Signature

Health Care Provider’s Documentation of Good Faith Effort to Obtain Acknowledgement of Receipt

If the Acknowledgement could not be obtained prior to the date of first service to the patient, or, in an emergency situation, as soon as reasonably practicable after the emergency has resolved, describe below the efforts made to obtain the written Acknowledgement and the reasons why the written Acknowledgement could not be obtained. If the patient refused to provide the written Acknowledgement, please so state.

Efforts to obtain written Acknowledgement:

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

Reasons written Acknowledgement could not be obtained:

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

(Signature of health care provider)       ________________________

(Printed name of health care provider)