ATTACHMENT B

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I, ________________________________, acknowledge that I have received a copy of the (Patient’s name – please print)

Notice of Privacy Practices of LSUHSC-NO on this date.

_____________________________________  Date: ________________________

Patient’s Signature

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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)     Date

_____________________________
(Printed name of health care provider)