Women's Health Care Center of Houston (WHCCH)

Name of Patient: _____

Patient Date of Birth: _____

Acknowledgement of Receipt of Notice of Privacy Practices (HIPAA)

I acknowledge that I have received (or have been offered and declined) a printed copy of WHCCH's Notice of Privacy Practices (NPP) with the effective date of April 14, 2003. Further, I acknowledge that I have been informed that I may access/read/print a copy of the WHCCH Notice of Privacy Practices from the website **www.whcch.com**

_____ _____

Signature of Patient/Patient Representative Date

_____

Relationship to Patient

Documentation of Good Faith Efforts
To obtain patient's acknowledgment that they received provider's Notice of Privacy Practices

(For use when acknowledgment cannot be obtained from the patient.)

The patient presented to the office on _____[insert date] and was provided with a copy of WHCCH's Notice of Privacy Practices. A good faith effort was made to obtain from the patient a written acknowledgment of his/her receipt of the Notice. However, such acknowledgement was not obtained because:

- ☐ Patient refused to sign.
- ☐ Patient was unable to sign or initial because:

  _____

- ☐ The patient had a medical emergency, and an attempt to obtain the acknowledgment will be made at the next available opportunity.
- ☐ Other reason (describe below):

  _____

Signature of Employee Completing Form: _____

Date Signed: _____