



# ORTHOPEDIC SURGERY SPECIALISTS PLLC

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## HIPAA Preamble Acknowledgement/Good Faith Effort Form

Patient Name (please print): \_\_\_\_\_ Date: \_\_\_\_\_

### **Acknowledgement:**

I acknowledge that the Preamble form for Orthopedic Surgery Specialist, PLLC has been made available to me.

X

\_\_\_\_\_  
Patient or Personal Representative Signature

\_\_\_\_\_  
Date

If Personal Representative's signature appears above, please describe Personal Representative's relationship to the patient: \_\_\_\_\_

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### **FOR OFFICE USE ONLY:**

### **Good Faith Effort:**

The above patient presented for treatment on the above date, and a copy of the practice's Preamble form was made available to them. A good faith effort was made to obtain a written acknowledgement of receipt of the Preamble form. However, an acknowledgement was not obtained because:

a) Patient refused to sign.

b) Patient was unable to sign or initial because: \_\_\_\_\_

c) There was a medical emergency and the practice will attempt to obtain an acknowledgement at the next available opportunity.

d) Other: \_\_\_\_\_

\_\_\_\_\_  
OSS, PLLC Employee Name

\_\_\_\_\_  
OSS, PLLC Employee Signature