

ORTHOPEDIC SURGERY SPECIALISTS, PLLC
GOOD FAITH EFFORT

Patient Name: _____

Date: _____

The patient presented for treatment on this date and was provided with a copy of the practice's Notice of Privacy Practices. A good faith effort was made to obtain a written acknowledgement of receipt of Notice. However, an acknowledgement was not obtained because:

☐ Patient refused to sign,

☐ Patient was unable to sign or initial because:
_____
_____
_____

☐ There as a medical emergency (the practice of PCCS will attempt to obtain acknowledgement at the next available opportunity).

☐ Other reason, described below:
_____
_____
_____
_____
_____

Signature of Employee completing the form:_____