

**ORTHOPEDIC SURGERY SPECIALISTS, PLLC**

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**HIPAA Preamble Acknowledgement/Good Faith Effort Form**

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

**Acknowledgement:**

I acknowledge that I have received the Preamble form for Orthopedic Surgery Specialist, PLLC.

X \_\_\_\_\_

Patient or Personal Representatives Signature

X \_\_\_\_\_

Date

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

**Good Faith Effort:**

The above patient presented for treatment on this date, \_\_\_\_\_, and was provided with a copy of the practice's Preamble form. 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