

**SAINT LUKE'S SOUTH SURGERY CENTER**

**ACKNOWLEDGEMENT OF RECEIPT  
OF NOTICE OF PRIVACY PRACTICES 2013**

I acknowledge that I have received a copy of the Facility's "Notice of Privacy Practices" with the effective date of 9/23/13.

\_\_\_\_\_  
Signature of Patient/Personal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Print Patient's Name

**For Staff Use Only**

The above named Patient/Personal Representative was provided with a copy of the "Notice of Privacy Practices." A good faith effort was made to obtain a written acknowledgment of his/her receipt of the Notice, but such acknowledgment could not be obtained because:

\_\_\_ Patient/Personal Representative refused to sign.

\_\_\_ Patient/Personal Representative was unable to sign.

\_\_\_ The Patient had a medical emergency and an attempt to obtain the acknowledgment will be made at the next available opportunity.

\_\_\_ Other reason (please specify): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Staff Member Completing Form:

\_\_\_\_\_  
Date

**Original to be maintained in Patient's medical record**