

**Tallgrass Family Medicine**  
**8100 E. 22<sup>nd</sup> N., Bldg. 2200-2**  
**Wichita, KS 67226**  
**316.440.8383**

**ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE**

Patient Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

DOB: \_\_\_\_\_

I acknowledge that I have received a copy of the provider's Notice of Privacy Practices with the effective date of June 13, 2008.

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

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

**For Office Use Only:**

**DOCUMENTATION OF GOOD FAITH EFFORTS**

The patient presented to the facility on this date and was provided with a copy of the Tallgrass Family Medicine's Notice of Privacy Practices. A good faith effort was made to obtain from the patient a written acknowledgement of his/her receipt of the notice. However such acknowledgment was not obtained because

- Patient refused to sign
- Patient was unable to sign or initial because \_\_\_\_\_  
\_\_\_\_\_
- Patient had a medical emergency and an attempt to obtain the acknowledgment will be made at the next available opportunity.
- Other reason (described below)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Employee Completing Form: \_\_\_\_\_

ORIGINAL TO BE MAINTAINED IN PATIENT'S PERMANENT MEDICAL RECORD