

PINE CREEK MEDICAL CENTER

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ACKNOWLEDGEMENT OF RECEIPT OF  
NOTICE OF PRIVACY PRACTICES

I, \_\_\_\_\_, acknowledge that I have received a copy of the Notice of Privacy Practices of Pine Creek Medical Center on this date.

\_\_\_\_\_  
Patients Name

\_\_\_\_\_  
Date

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Pine Creek Medical Center's Documentation of Good Faith  
Effort to Obtain Acknowledgement of Receipt

If the Acknowledgement could not be obtained prior to the date of first service to the patient, or, in an emergency situation, as soon as reasonably practicable after the emergency has resolved, describe below the efforts made to obtain the written Acknowledgement and the reasons why the written Acknowledgement could not be obtained. If the patient refused to provide the written Acknowledgement, please so state.

Efforts to obtain written Acknowledgement:

Reasons written Acknowledgement could not be obtained:

\_\_\_\_\_  
(Signature of health care provider/clerk)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Printed name of health care provider/clerk)