

BLOOMINGTON BONE AND JOINT CLINIC, P.C.
ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

I acknowledge that I have received the Privacy Notice.

Patient name printed: _____

The following individuals may pick up my medical records (Including diagnostic images/reports): _____

Patient or Personal Representative's Signature **Date**

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

Witness Signature _____ **Date**

DOCUMENTATION OF GOOD FAITH EFFORTS

Patient Name: _____

Date: _____

The patient presented for his/her appointment on this date and was provided with a cop of the BBJ Privacy Notice. A good faith effort was made to obtain a written acknowledgment of receipt of the Notice. However, and acknowledgment was not obtained because:

_____ Patient refused to sign.

_____ Patient was unable to sign or initial because: _____

_____ There was a medical emergency (BBJ will attempt to obtain acknowledgment at the next available opportunity).

_____ Other reason, please explain: _____

Signature **Date**