

MACOMB/CLINTON WOUND & HYPERBARIC CENTER

NOTICE AND ACKNOWLEDGEMENT

Acknowledgement:

I acknowledge that I have received the attached Notice of Privacy Practices.

Patient or personal representative signature

Date

Personal representative relation to patient



DOCUMENTATION OF GOOD FAITH EFFORTS

A good faith effort was made to obtain a written, acknowledgement of receipt of the notice. However, an acknowledgement was not obtained because:

_____ Patient / Guardian refused to sign.

_____ Patient was unable to sign or initial because:

_____ Other reason describe below:

Signature of employee completing form: _____

Date: _____