

ATTACHMENT B

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

I, _____, acknowledge that I have received a copy of the
(Patient's name – please print)

Notice of Privacy Practices of LSUHSC-NO on this date.

Patient's Signature

Date: _____

Health Care Provider'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)

Date

(Printed name of health care provider)