

North Colorado Spine & Orthopaedics
6200 W 9th St
Greeley, CO 80634

Name of Patient (please print)

Date of Birth

Acknowledgement of Notice of Privacy Practices

I hereby acknowledge that I have received North Colorado Spine & Orthopaedics' Notice of Privacy Practices.

Signature of patient or patient representative

Date

**Documentation of Good Faith Efforts
to obtain patient's acknowledgement that they received provider's
Notice of Privacy Practices**

The patient presents to the office on _____ and was provided with a copy of North Colorado Spine & Orthopaedics' 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 acknowledgement was not obtained because:

Patient refused to sign.

Patient was unable to sign or initial because:

The patient had a medical emergency, and an attempt to obtain the Acknowledgement will be made at the next available opportunity.

Other reason (describe below):

Signature of Employee Completing Form

Date