CORNEAL CONSULTANTS OF CO.
8381 SOUTHPARK LANE
LITTLETON, CO 80120-4508

Patient Name:_____ Date of Birth:_____

ACKNOWLEDGMENT OF NOTICE OF PRIVACY PRACTICES

I hereby acknowledge that I received CORNEAL CONSULTANTS OF CO's Notice of Privacy Practices.

_____ _____
Signature of patient or patient representative Date

DOCUMENTATION OF GOOD FAITH EFFORTS
To obtain patient's acknowledgment that they received provider's Notice of Privacy Practices

(For use when acknowledgment cannot be obtained from the patient.)

The patient presented to the office/hospital on _____ and was provided with a copy of Covered entity's Notice of Privacy Practices. A good faith effort was made to obtain from the patient a written acknowledgment of his/her receipt of the Notice. However, such acknowledgment 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 acknowledgment will be made at the next available opportunity.
- ☐ Other reason (describe below):

  _____

  _____

_____ _____
Signature of Employee Completing Form Date