

**Simple Traditions Family Health PLLC**  
**827 S Magnolia Blvd Suite 6**  
**Magnolia, TX 77355**

**Name of Patient:** \_\_\_\_\_

**Patient Date of Birth:** \_\_\_\_\_

**Acknowledgement of Receipt of Notice of Privacy Practices**

I acknowledge that I have received a copy of Provider's Notice of Privacy Practices with the effective date of July 1, 2017.

\_\_\_\_\_  
Signature of Patient/Patient Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Patient

\*\*\*\*\*

**If Patient Does Not Sign  
Documentation of Good Faith Efforts**

The patient presented to the office on \_\_\_\_\_ and was provided with a copy of our Notice of Privacy Practices. A good faith effort was made to obtain from the patient a written acknowledgment of his receipt of the Notice. However, such acknowledgement was not obtained because:

- Patient refused to sign.
- 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 Signed: \_\_\_\_\_