

Cognitive Care Solutions
Notice of Privacy Practices Acknowledgment Form

Name: _____

I have received a copy of the CCS Office Policies and Notice of Privacy Practices

Signature: _____ Date: _____

Individual or Personal Representative with legal authority to make healthcare decisions

If signed by a Personal Representative:

Print Name _____ Role _____
(Parent, guardian, etc.)

Witness: _____ Date: _____

If the individual has a personal representative with legal authority to make health care decisions on the individual's behalf, the notice must be given to and acknowledgment obtained from the personal representative. *If the individual or Personal Representative did not sign above, staff must document when and how the notice was given to the individual, why the acknowledgment could not be obtained, and the efforts that were made to obtain it.*

Notice of Privacy Practices given to the individual on _____ by _____
date

- Face to face meeting
- Mailing
- Email
- Other _____

Reason Individual or Personal Representative did not sign this form:

- Individual or Personal Representative chose not to sign
- Individual or Personal Representative did not respond after more than **one** attempt
- Email receipt verification
- Other _____

Good Faith Efforts: The following good faith efforts were made to obtain the individual or Personal Representative's, if applicable, signature. Please document with detail (e.g., date(s), time(s), individuals spoken to and outcome of attempts) the efforts that were made to obtain the signature. More than **one** attempt must have been made.

- Face to face presentation(s) _____
- Telephone contact(s) _____
- Mailing(s) _____
- Email _____
- Other _____

Staff Signature: _____ Title _____

Print Name: _____

Date _____