

**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** \_\_\_\_\_