Child First Pediatrics

7336 S. Yosemite Street, #200
Englewood, CO 80112

(303) 770-0726
(303) 770-1342 fax

ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES

Nancy Gimza (Privacy Officer)

_____ _____
Name of Patient Date of Birth

I hereby acknowledge that I received Child First Pediatrics' Notice of Privacy Practices.

_____ _____
Signature of Patient or Patient Representative Date

DOCUMENTATION OF GOOD FAITH EFFORTS

To obtain patient's acknowledgement that they received providers' Notice of Privacy Practices.

The patient presented to the office on _____ and was provided with a copy of Child First Pediatrics' Notice of Privacy Practices. A good faith effort was made to obtain from the patient or patient representative a written acknowledgement of his/her receipt of the Notice. However, such acknowledgement was not obtained because:

_____ Patient or patient representative refused to sign.

_____ Patient or patient representative was unable to sign or initials 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