



Privacy Notice Acknowledgment

I acknowledge that I have received a copy of the Privacy Notice (HIPAA) for Elite Center for Minimally Invasive Surgery. Privacy Notice Revision Date: April 14, 2003.

PATIENT OR PERSONAL REPRESENTATIVE SIGNATURE

DATE

PERSONAL REPRESENTATIVE'S RELATION TO PATIENT

SHADED AREA FOR USE BY Elite Center for Minimally Invasive Surgery Personnel Only.

DOCUMENTATION OF GOOD FAITH EFFORT

The patient identified above was provided with a copy of the Elite Center for Minimally Invasive Surgery's Privacy Notice (HIPAA) on this date. A good faith effort has been made to obtain a written acknowledgment of the patient's receipt of the Privacy Notice (HIPAA). However, acknowledgment has not been obtained because:

a Patient refused to sign the Privacy Notice Acknowledgment.

a Patient was unable to sign because:

a There was a medical emergency. Elite Center for Minimally Invasive Surgery will attempt to obtain acknowledgment as soon as practical.

a Other reason, described below:

EMPLOYEE SIGNATURE

DATE



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PATIENT INFORMATION

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Acknowledgment**