

# **BAYLOR** Medical Center at Uptown

*Now part of* Baylor Scott & White Health

## Privacy Notice Acknowledgement

I acknowledge that I have received a copy of the Privacy Notice for Baylor Medical Center at Uptown, Baylor Medical Center Imaging, and Baylor Medical Center for Physical Medicine.

Privacy Notice Revision Date: October 28, 2015

\_\_\_\_\_  
**Patient or Personal Representative Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Personal Representative's Relation to Patient**

\_\_\_\_\_  
**ABOVE - Patient or Personal Representative Use Only**

\_\_\_\_\_  
**BELOW - Provider Use Only**

### Documentation of Good Faith Effort

The patient identified above was provided with a copy of the Provider's Privacy Notice on this date. A good faith effort has been made to obtain a written acknowledgement of the patient's receipt of the Privacy Notice. However, acknowledgement has not been obtained because:

Patient refused to sign the Privacy Notice Acknowledgement

Patient was unable to sign because:

\_\_\_\_\_

There was a medical emergency. Provider will attempt to obtain acknowledgement as soon as practical.

Other reason, described below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**

PATIENT LABEL: