



Patient Acknowledgement

Chart Number: _____

Date: _____

This is to acknowledge that a copy of CVA's "Notice or Privacy Practices" was received.

_____ Signature

_____ Printed name

Check one:

patient

patient representative

Documentation of Good Faith Efforts

Written acknowledgement was not obtained because:

Patient refused to sign

Patient was unable to sign because of medical emergency*

Other reason, please describe

Signature of CVA employee completing form: _____

* CVA will attempt to obtain acknowledgement at the next available opportunity.

April 14, 2003