

**Michigan Foot & Ankle Institute**  
**586-228-2255**

**Acknowledgement:**

I acknowledge that I have received the attached Notice of Privacy Practices.

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

\_\_\_\_\_  
Date

If Personal Representative's signature appears above, please describe Personal Representative's relationship to patient:

\_\_\_\_\_

**Documentation of Good Faith Efforts**

**Patient Name:** \_\_\_\_\_

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

The patient presented for treatment on this date and was provided with a copy of the practice's Notice of Privacy Practices. A good faith effort was made to obtain a written acknowledgement of receipt of the Notice. However, an acknowledgement was not obtained because:

\_\_\_\_\_ Patient refused to sign.

\_\_\_\_\_ Patient was unable to sign or initial because:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ There was a medical emergency (the practice will attempt to obtain acknowledgement at the next available opportunity).

\_\_\_\_\_ Other reason, described below:

\_\_\_\_\_  
\_\_\_\_\_

Signature of Employee completing form: \_\_\_\_\_