

Surgical Associates of Venice & Englewood

Acknowledgement of Receipt of Notice of Privacy Practices

I acknowledge:

A copy of Surgical Associates of Venice & Englewood’s Notice of Privacy Practices was given/offered to me. If I received healthcare services in an emergency treatment situation, I was given the Notice as soon as reasonably practical after the emergency treatment situation.

Signature of Patient or Representative

Date



Staff Use Only

If an acknowledgment is not obtained, please complete the information below:

Patient’s name: _____

Date of attempt to obtain acknowledgment: _____

Reason acknowledgment was not obtained:

- Patient/family member received notice but refused to sign acknowledgment
- Emergency treatment situation
- Patient was incapacitated and no family member was present
- Unable to communicate due to language barriers
- Other (as described below)

Signature of SAVE staff member

Date