

436 Nokomis Avenue South · Venice, FL 34285 · Office 941-445-5054 · Fax 941-303-6796

www.HalabyMD.com

## 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

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## 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
- o Patient was incapacitated and no family member was present
- Unable to communicate due to language barriers
- Other (as described below)

Staff Signature

Date