



ROCHESTER CENTER FOR BEHAVIORAL MEDICINE

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**ROCHESTER CENTER FOR BEHAVIORAL MEDICINE (RCBM)  
DOCUMENTATION OF GOOD FAITH EFFORT / ACKNOWLEDGEMENT OF  
THE HIPAA PRIVACY NOTICE**

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

**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 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, as described below:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature of Employee Completing Form:** \_\_\_\_\_