

**RX PHARMACY LTC RECORD OF ACKNOWLEDGMENT / DOCUMENTATION OF GOOD FAITH EFFORT TO OBTAIN ACKNOWLEDGMENT**

RESIDENT/PATIENT NAME : \_\_\_\_\_

**EFFECTIVE DATE OF THIS PRIVACY NOTICE**

The effective date of this Privacy Notice is March 26, 2018

**ACKNOWLEDGEMENT / GOOD FAITH EFFORT TO OBTAIN ACKNOWLEDGMENT** (*check one of the following*)

I certify that I received a copy of the above named entity's Privacy Notice and that I have had an opportunity to review this document and ask questions to assist me in understanding my rights relative to the protection of my health information. I am satisfied with the explanations provided to me and I am confident that the above-named entity is committed to protecting my health information.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Printed name: \_\_\_\_\_

I certify that I am the authorized representative of above identified patient, and that I received a copy of the Privacy Notice on the behalf of this individual and that I have had an opportunity to review this document and ask questions to assist me in understanding the patient's rights relative to the protection of their health information. I am satisfied with the explanations provided to me and I am confident that the above-named entity is committed to protecting the patient's health information.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Printed name: \_\_\_\_\_

A copy of this document must be provided to the person to whom the Privacy Notice was provided and a copy must be filed in the patient's record.