



# MID AMERICA

## HEART & LUNG SURGEONS

### **ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

I hereby acknowledge that I have received a copy of Mid America Heart & Lung Surgeons, P.C.'s Notice of Privacy Practices.

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

\_\_\_\_\_  
Date

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*For internal use only*

*If patient/patient's representative refuses to sign acknowledgement, please document date and time notice was presented to patient and sign below.*

### **ACKNOWLEDGEMENT OF GOOD FAITH EFFORT**

Patient received a copy of Mid America Heart & Lung Surgeons, P.C.'s Notice of Privacy Practices and refused to acknowledge receipt at this time.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date and Time presented

\_\_\_\_\_  
Signature of Privacy Officer

\_\_\_\_\_  
Date

This is a permanent part of the medical record and shall be retained with the chart at all times.