

**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 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)

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\_\_\_\_\_

\_\_\_\_\_

Signature of SAVE staff member

Date