



Notice of Privacy Practices Acknowledgement Form

Patient Name: _____

Address: _____

I, the undersigned, hereby acknowledge that I have *received, read and understand* the “Charm Medical Supply Notice of Privacy Practices” (version effective date: 9/18/2013).

*****Please note: only the Individual Client (“Patient”) named above or, if applicable, that individual’s Personal Representative/Court Appointed Legal Guardian who is currently assigned legal authority to make any and all healthcare decisions may sign this form. *If the individual client has been assigned a Personal Representative/Court Appointed Legal Guardian to make health care decisions on the individual’s behalf, the notice must be given to and acknowledgement obtained from the Personal Representative/Court Appointed Legal Guardian.***

Signature: **X** _____ Date: **X** _____

If the Individual Client (“Patient) named above is either a minor child or has had a legal guardian assigned to them by the court, and therefore is not legally able to sign on their own behalf, please:

Print Name: **X** _____ Role: **X** _____
(Parent of minor child, court appointed guardian, etc.)

******* Below Section for use of Charm Medical Supply Staff Only *******

If the Individual Client or, if applicable, Personal Representative/Court Appointed Legal Guardian did not sign above after multiple attempts to obtain this acknowledgment, Charm Medical Supply Staff must document when and how the notice was provided to the individual and/or Personal Representative/Court Appointed Legal Guardian, why the acknowledgment could not be obtained, and those efforts that were made to obtain it.

Copy of the Notice of Privacy Practices was provided to the Individual client or, if applicable, to the individual’s Personal Representative/Court Appointed Legal Guardian, _____, by:
 Face to Face Meeting Mailing Email Other: _____ Date: _____

Documentation of Reason Client/Personal Representative/Court Appointed Legal Guardian Signature Not Obtained

- Client/Personal Representative/Court Appointed Legal Guardian chose not to sign
- Client/Personal Representative/Court Appointed Legal Guardian did not respond after a minimum of **two** attempts on the part of Charm Medical Supply staff to gain this acknowledgement
- Other: _____

Documentation of Efforts to Obtain Signed Acknowledgment of Notice of Privacy Practices

The following good faith efforts were made to obtain the Individual Client/Personal Representative/Court Appointed Legal Guardian’s signature. Please document with detail (e.g., date(s), Time(s), individuals spoken to and outcome of attempts) the efforts that were made to obtain the signature. More than one attempt must have been made:

- Face to face presentation(s) _____
- Telephone contact(s) _____
- Certified Mailing _____
- Other _____

Staff Signature: _____ Title: _____

Print Name: _____ Date: _____

RETURN THIS COPY – SIGNED AND DATED TO CHARM MEDICAL SUPPLY