

**New York College of Health Professions
Documentation of Good Faith Efforts**

Patient Name: _____

Date: _____

The patient presented for treatment on this date and was provided with a copy of NYCHP's Notice of Privacy Practices. A good faith effort was made to obtain a written acknowledgement of receipt of the Notice. However, an acknowledgement was not obtained because:

Patient refused to sign.

Patient was unable to sign or initial because:

There was a medical emergency (the department will attempt to obtain acknowledgement at the next available opportunity).

Other reason, described below:

Signature of Employee completing form:
