



I hereby acknowledge that a copy of **Boston Children's Health Physicians, LLP's** (hereinafter BHP) Notice of Privacy Practices was provided to me. I further acknowledge and understand that if I have any questions about BHP's privacy practices or my rights with regard to my personal health information, I may contact BHP's Privacy Officer for further information as set forth in the Notice.

 Name of Patient – Please Print Name

 Name of Parent or Guardian

 Signature of Patient

 Signature of Parent or Guardian

 Date

 Relationship to Patient

**DOCUMENTATION SUPPORTING GOOD FAITH EFFORT TO OBTAIN
 ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

Patient Name: _____ Patient Identification #: _____

I hereby certify that on ____ / ____ / ____ I made a good faith effort to obtain the above patient's written acknowledgment of receipt of BHP's Notice of Privacy Practices, but I was unable to do so for the following reason(s):

Name of Staff Person (Please Print Name) _____

Signature of Staff Person _____

Date _____

NOTE: THIS DOCUMENT SHOULD BE MAINTAINED PERMANENTLY IN THE PATIENT'S MEDICAL RECORD OR OTHER FILE ON PROVIDER'S PREMISES.