Cancer Center of Kansas

Acknowledgement of Receipt of Notice of Privacy Practices

I acknowledge that I have received or been offered a copy of the Notice of Privacy Practices of the Cancer Center of Kansas, P.A.

Name: _____ **Date of Birth:** _____
(Print name clearly)

Date: _____

Signature: _____

Personal Representative (if appropriate):

_____

Personal Representative Relationship to the Patient:

_____

FOR CCK USE ONLY

The above named Patient/ Personal Representative was provided or offered a copy of CCK's Notice of Privacy Practices. A good faith effort was made to obtain a written acknowledgement of his/her receipt of the Notice, but such acknowledgement could not be obtained because:

_____ **Patient/ Personal Representative refused to sign**

_____ **Patient/ Personal Representative was unable to sign**

_____ **The Patient had a medical emergency and an attempt to obtain the acknowledgement will be made at the next available opportunity**

_____ **Other reason** (please specify)**:**

_____

_____

_____

_____ _____
Signature of Workforce Member Completing Form **Date**

Original to be maintained in Patient's medical record