



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.

Print Name of Patient

Date

Signature of Patient

Date of Birth

Personal Representative Name (if appropriate): _____

Personal Representative Relationship to the Patient: _____

CCK EMPLOYEE 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 acknowledgment of his/her receipt of the Notice, but such acknowledgment 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 acknowledgment will be made at the next available opportunity**

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

Signature of Workforce Member Completing Form

Date