

**HOUSTON METRO ORTHO AND  
SPINE SURGERY CENTER**

**Privacy Notice Acknowledgement**

I acknowledge that I have received a copy of the Privacy Notice (HIPAA) for Houston Metro Ortho and Spine Surgery Center. Privacy Notice Revision Date: April 14, 2003.

\_\_\_\_\_  
PATIENT OR PERSONAL REPRESENTATIVE SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PERSONAL REPRESENTATIVE'S RELATION TO PATIENT

*SHADED AREA FOR USE BY Houston Metro Ortho and Spine Surgery Center Personnel Only.*

**DOCUMENTATION OF GOOD FAITH EFFORT**

The patient identified above was provided with a copy of the Houston Metro Ortho and Spine Surgery Center's Privacy Notice (HIPAA) on this date. A good faith effort has been made to obtain a written acknowledgement of the patient's receipt of the Privacy Notice (HIPAA). However, acknowledgement has not been obtained because:

Patient refused to sign the Privacy Notice Acknowledgement.

Patient was unable to sign because:

\_\_\_\_\_

There was a medical emergency. Houston Metro Ortho and Spine Surgery Center will attempt to obtain acknowledgement as soon as practical.

Other reason, described below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE

**HOUSTON METRO ORTHO**

PATIENT INFORMATION

**Privacy Notice  
Acknowledgement**