

**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

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Acknowledgement**