Maryam Nejat D.M.D

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HIPAA ACKNOWLEDGEMENT: RECEIPT OF NOTICE OF PRIVACY PRACTICES

FOR PATIENTS:

I have received a copy of Dr. Maryam Nejat's Privacy Practices, effective 01/01/2015.

Patient Name: _____

Signature: _____ Date: _____

Printed Name: _____

FOR PARENTS OR LEGAL GUARDIANS:

I am a parent of legal guardian of _____. I have received a copy of Dr. Maryam Nejat's Notice of Privacy Practices effective 01/2015.

Name: _____

Relationship to Patient: ☐ Self ☐ Parent ☐ Legal Guardian

Signature: _____Date: _____

STAFF USE ONLY

If the individual or parent/legal guardian did not sign above, staff must document when and how the Notice was given to the individual, why the acknowledgement could not be obtained and the efforts that were made to obtain it.

- Notice of Privacy Practices, effective 01/2015 given to individual on _____.
  ☐ In person ☐ Mailing ☐ Email ☐ Other _____

- Reason individual or parent/legal guardian did not sign the form:
  - Refused
  - Did not respond after more than one attempt
  - Other _____

GOOD FAITH EFFORTS

The following good faith Efforts were made to obtain the individual or paret/legal guardian's signatures. Please document with date, times, individuals spoken to and outcome, as applicable, the efforts that were made to obtain the signatures. More than one attempt must be made.

- In person by conversation: _____
- Telephone Contact: _____
- Mailing: _____
- Email: _____
- Other: _____

Staff Name: _____ Position: _____ Date: _____

Staff Member Signature: _____Date: _____