



Notice of Privacy Practices
Acknowledgement of Receipt

Resident Name: _____

By signing this form, you agree that you received a copy of the *Notice of Privacy Practices* of the California Veterans Home. Our *Notice of Privacy Practices* tells you how we may use and disclose your protected health information. We ask that you read all of it.

I received a copy of the *Notice of Privacy Practices* of the California Veterans Home.

Date: _____ **Time:** _____ **Signature:** _____
Resident or Legal Representative

If signed by someone other than Resident, indicate relationship: _____

Print name: _____
Legal Representative

Office Use Only:

INABILITY TO OBTAIN ACKNOWLEDGMENT

Description of good faith effort and reason why Acknowledgment was not obtained:

Resident Name: _____

Good Faith Effort:

- Provided copy of notice to patient or legal representative
- Presented Acknowledgement to patient or legal representative for signature
- Other: _____

Reason(s) why the Acknowledgment was not obtained:

- Patient or legal representative refused to sign
- Other: _____

Provider Representative Signature: _____

Provider Representative Name: _____

Date: _____ **Time:** _____