

BREAST CARE SPECIALISTS, L.L.C.

A multidisciplinary approach to Breast Health

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Privacy Notice Acknowledgement

I acknowledge that I have received a copy of the Summary Privacy Notice for Privacy Notice revision Date: April 14, 2003.

Patient or Personal Representative's Name Printed Patient or Personal Representative's Signature Pt's Date of Birth

Personal Representative's Relation to Patient Date

Documentation of Good Faith Effort

The patient identified above was provided with a copy of the Provider's Summary Privacy Notice on this date. A good faith effort has been made to obtain a written acknowledgement of the patient's receipt of the Summary Privacy Notice. However, acknowledgement has not been obtained because:

---- Patient refused to sign the Summary Privacy Notice Acknowledgement

---- Patient was unable because: _____

---- There was a medical emergency. Provider will attempt to obtain acknowledgement as soon as practical.

---- Other reason, describe below: _____

Employee's Name Printed

Employee's Signature

Date

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