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ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I am a parent or legal guardian of _____ (patient name) DOB _____. I have received a copy of Full Bloom Pediatrics' Notice of Privacy Practices effective September 2013.

Name (please print): _____

Relationship to Patient: Parent Legal Guardian

Signature: _____ Date: _____

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 acknowledgment could not be obtained, and the efforts that were made to obtain it.

Notice of Privacy Practices effective September 2013 given to individual on _____ Date

In Person Mailing Email Other _____

Reason individual or parent/legal guardian did not sign this form:

- Did not want to
- Did not respond after more than one attempt
- Other _____

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

- In person conversation _____
- Telephone contact _____
- Mailing _____
- Email _____
- Other _____

Staff Name (please print): _____ Title: _____

Signature: _____ Date: _____

TURN OVER & COMPLETE OTHER SIDE