Nova Southeastern University
Documentation of Good Faith Efforts

Patient Name: __________________________

Date: ________________________________

The patient presented for treatment on this date and was provided with a copy of NSU’s Notice of Privacy Practices. A good faith effort was made to obtain a written acknowledgement of receipt of the Notice. However, an acknowledgement was not obtained because:

- Patient refused to sign.
- Patient was unable to sign or initial because:
  _______________________________________________________________________
  _______________________________________________________________________
- There was a medical emergency (the department will attempt to obtain acknowledgement at the next available opportunity).
- Other reason, described below:
  _______________________________________________________________________
  _______________________________________________________________________
  _______________________________________________________________________
  _______________________________________________________________________

Signature of Employee completing form: __________________________________________