

**Coddington Medical Family Practice, LLC**

**CMFP USE ONLY**

**Documentation of Good Faith Effort**

Attempted to distribute the Notice of Privacy Rights and Practices to the patient/parent/legal guardian, but the patient/parent/legal guardian declined to sign the acknowledgment.

Patient/Parent/Legal Guardian stated that they had already received the Notice of Privacy Rights and Practices.

Patient/Parent/Legal Guardian directed to CMFP's website to view the Notice of Privacy Rights and Practices.

The Notice of Privacy Rights and Practices was mailed to the patient/parent/legal guardian on \_\_\_\_\_ (date)

Unable to obtain an acknowledgement as patient was not capable upon arrival and transferred to \_\_\_\_\_ (other hospital/clinic name) immediately.

Other (explain): \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature and Title of Clinic Personnel

\_\_\_\_\_  
Date

I authorize CMFP to release health information (not copies of my health record) to the person or persons listed below as I consider them involved in my health care. **I understand that I may change this at any time in writing. CMFP will disclose only information that is directly relevant to the person's involvement in my health care or payment relating to my health.**

**PLEASE MARK ALL THAT APPLY:**

\_\_\_ Spouse (name): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\_\_\_ Parents

\_\_\_ Children's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_  
Signature of Patient