



**RAVINDER SINGH, M.D.**  
*Board Certified in Family Medicine*

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## ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES

\_\_\_\_\_  
Name of Patient (Please print)

\_\_\_\_\_  
Date of Birth

I hereby Acknowledge that I received Rancho Wellness' Notice of Privacy Acts.

\_\_\_\_\_  
Signature of Patient or Patient Representative

\_\_\_\_\_  
Date

### DOCUMENTATION OF GOOD FAITH EFFORTS

The patient presented to the office on \_\_\_\_\_ and was provided with a copy of the Notice of Privacy Practices. A good faith effort was made to obtain from the patient a written acknowledgment of receipt of the Notice. However, Such acknowledgment was not obtained because:

Patient refused to Sign.

Patient was unable to sign or initial because:

\_\_\_\_\_  
 The patient had a medical emergency, and an attempt to obtain the acknowledgment will be made at the next available opportunity

Other reason: