Offered Notice & Acknowledgement to Patient or Representative
Offered to secure an interpreter to present Notice and Acknowledgement to Patient or Representative
Other: ________________________________

If good faith effort is unsuccessful and Acknowledgement is not obtained, document your efforts and reason why the acknowledgement was not obtained:

Reason Acknowledgement was not obtained: Patient Unable to Sign/Notice Given to Caregiver
Patient Unable to Sign/Notice given to Caregiver
Incapacitated Patient/No Patient Representative Present/Emergency Treatment
Patient/Representative Declined to Receive Notice
Patient/Representative Declined Interpreter
Other: ________________________________

Workforce Member Signature: ________________________________

Date of attempt to obtain Acknowledgement: ________________________________

Upon completion scan or file in the patient’s record. If form needs to be emailed or faxed, please do so at IPSO@hfhs.org or (313) 874-9449. If form needs to be mailed, please send it to Information Privacy & Security Office, 1 Ford Place, Suite 2A, Detroit, MI 48202.