

BEACON ORTHOPAEDICS & SPORTS MEDICINE
BEACON ORTHOPAEDICS SURGERY CENTER, LLC

DOCUMENTATION OF GOOD FAITH EFFORTS

Patient Name: _____

Date: _____

The patient presented for his/her procedure on this date and was provided with a copy of the Beacon Orthopaedics & Sports Medicine/Beacon Orthopaedics Surgery Center Privacy Notice. 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 ASC/Clinic/PT will attempt to obtain acknowledgement at the next available opportunity).
- Other reason, described below:

Signature of employee completing form:
