



**Las Cruces
Surgery Center-Telshor**

1205 S. TELS HOR BLVD LAS CRUCES, NEW MEXICO 88011
PHONE (575) 522-6144 FAX (575) 522-6171

Acknowledgement of Privacy Notice

I acknowledge that I have received a copy of the Privacy Notice for Las Cruces Surgery Center.
Privacy notice revision date: January 2015

Name (Printed)

Relationship to Patient

Signature

Date

For Office Use Only

Documentation of Good Faith Effort

The patient identified above was provided with a copy of the Las Cruces Surgical Center's Privacy Notice on this date. A good faith effort has been made to obtain a written acknowledgement of the patient's receipt of the Privacy Notice, however, acknowledgement has not been obtained due to:

Patient refused to sign the Acknowledgement of Privacy Notice

Patient was unable to sign due to:

There was a medical emergency. Provider will attempt to obtain acknowledgement as soon as practical

Other, as described below:

Employee Signature

Date